

**ARIZONA DEPARTMENT OF HEALTH
DIVISION OF BEHAVIORAL HEALTH
STRATEGIC PLAN FOR HOUSING
FOR MARICOPA COUNTY
FOR
INDIVIDUALS WITH A SERIOUS MENTAL
ILLNESS**



July 31, 2003

Executive Summary

The Arizona Department of Health has developed this Strategic Plan for Housing in Maricopa County in collaboration with the Maricopa County Regional Behavioral Health Authority and the Arizona Department of Housing. ADHS describes in detail a variety of initiatives that will be used to expand both federal and State Funded housing. The plan includes a number of goals, objectives and activities that will occur over the next three years.

- The plan begins with a review of the national and Arizona factors that have influenced the development of housing as a supportive service. Included in this section is an examination of the current research and a description of how housing for the seriously mentally ill has evolved in Maricopa County.
- The document then provides a description of the current sources and types of housing available in Maricopa County including a review of the development of these resources over the past eight years. Housing resources have doubled over this period through a combination of HUD and State funded resources.
- The plan describes the current strengths, weaknesses, threats and opportunities that may influence the plan during implementation. Many of the issues are linked to our current economic situation that is constantly evolving.
- In Section II, ADHS describes the Vision, Mission and Guiding Principles that will guide the ADHS activities with respect to housing services. Many of these items have been in place for some time and have guided our current development.
- Section III of the plan describes the ongoing relationships of ADHS with the many other agencies that are involved in housing. These include the SWBH PATH program, the State Planning to Address Homelessness (SPAH) workgroup, the Maricopa Association of Governments Committees (MAG), the Arizona Coalition to End Homelessness (ACEH), the Continuum of Care Committee and the Regional Behavioral Health Authority. Many of these relationships have been formalized by Strategic Plans in which ADHS and the Maricopa County RBHA are active partners.
- Section IV discusses the staff resources that are necessary to carry out this plan. ADHS believes that additional capacity at the Clinical Team level is more critical for this plan than additional capacity at ADHS.
- The relationship between ADHS and the Arizona Department of Housing (ADOH) is described in Section V. The relationship includes eight specific objectives many of which are currently in place. ADHS and ADOH have developed an IGA that will be used as a protocol to expand state funded housing resources.
- The ADHS examination of the housing requirements for the Maricopa County RBHA in implementing this plan is described in Section VI. ADHS is currently examining all policies, procedure and contractual requirements.
- Section VII depicts the current housing programs available in Maricopa County and their correlation to the Leff report with respect to finances and types of housing.
- The examination of Best Practices is discussed in Section VIII. ADHS has begun to use the results of the CMHS Housing Study in which Arizona participated. The results indicated significant positive outcomes with both residential and independent housing but a substantial client preference for independent housing.

Overall, the plan describes a significant commitment from ADHS to maintain and develop housing resources for individuals with serious mental illness in Maricopa County. In addition to the objectives stated in this plan, ADHS is committed to numerous other goals and objectives related to housing as part of our participation in numerous other housing initiatives.

I. History and Background:

1. National View:

The Arizona Department of Health is committed to developing a full array of community services in order to support recovery for individuals with a serious mental illness. As part of the array of services and supports, decent, affordable housing is one of the most basic supports necessary for recovery. Many persons with serious mental illness either experience homelessness or inadequate housing due to the lack of income, lack of affordable housing and lack of community-based supports (Dennis, Buckner, Lipton, and Levine (1991). In Arizona, as well as nationally, this situation led to the concept of the residential continuum in which community-based services are provided in a range of residential settings differentiated by level of staffing intensity. The expectation was that consumers move through a series of progressively more independent living situations (American Psychiatric Association, 1982).

Preliminary research and practice have challenged the concept of the residential continuum. Many communities, including Maricopa County have been unable to create a full continuum. Moreover, the concept of the continuum may not be responsive to the varying needs of individuals (Dickey, Gonzalez, Latimer and others, 1996; Caton and Goldstein, 1984), nor their preferences or choices (Ridgeway, Simpson, Wittman, and Wheeler, 1994; Tanzman 1993). While the continuum of housing resources may be appropriate for a number of individuals, ADHS has embraced the concept of supported housing for all new housing developments.

Supported housing, emphasizing consumer choice, use of regular housing stock, and individualized and flexible services and community supports, has been offered as an alternative to the traditional residential continuum, developed in response to the need for both treatment and housing for persons with serious mental illnesses (Brach, 1994; Carling, 1992, 1990; Hogan and Carling, 1992; Ridgeway and Zipple, 1990). Supported housing was developed to allow people to live in housing of their choice and to have services brought in as frequently and intensively as needed. It has also been linked to improving residential stability and reducing inappropriate use of shelters, hospitals and jails (Lipton, et al., 2000; Tsemberis and Eisenberg, 2000).

To date, however, there has been no research rigorously comparing housing approaches (Newman, 2000). Studies that have examined dimensions of housing and their relationship to outcomes have been primarily descriptive. They suggest that people with serious mental illness could move directly into independent housing and be residentially stable (Hurlburt, Wood and Hough, 1996; Shern, Felton, Hough and others, 1997; Matulef, et al., 1995; Newman and Ridgely, 1994; Miller, Donahue, Felton and Shern, 1993; Depp, Dawkins, Selzer and others, 1986), and that residential stability and consumer satisfaction were related to the degree to which consumer preferences are taken into consideration (Goldfinger and Schutt, 1996; Yeich, et al., 1994; Keck, 1990; Goering, Paduchak and Durbin, 1990).

People with serious mental illnesses are among the most impoverished in the nation and the lack of decent, safe, affordable housing is one of the greatest barriers they face. Most people with serious mental illnesses live on federal Supplemental Security Income (SSI), a monthly federal benefit based on disability that in 2002 paid \$545 per month. A recent national study found that people who receive SSI benefits would need to pay, on average, 98 percent of their income to rent a modest, one-bedroom unit at fair market rent (O'Hara and Miller, 2000). While many qualify for Federal Section 8 rental assistance and other housing subsidies that enable people to pay a portion of their income for rent and utilities (usually 30 percent), the waiting lists for Section 8 now average more than two years nationally (U.S. Department of Housing and Urban Development 2001).

Once someone gets a Section 8 voucher, they must find a landlord willing to rent an apartment or house to them. In 2000, nationally only 69% of those who received a voucher were able to find a unit to rent before the time for using their voucher expired and they lost the subsidy (Finkel and Buron, 2001). Federal policies of allowing subsidized housing providers to designate apartments as “elderly only” and recent “crime-free” neighborhood initiatives have further reduced the available housing stock for people with disabilities. The crime-free neighborhoods initiatives have lead public housing agencies and private landlords alike to screen out potential new tenants for arrests of any kind, regardless of conviction or how old the record (Landau, 2002). In tight housing markets, such rigorous screening (in addition to credit checks and demonstrated ability to pay first and last months’ rent), only add to the barriers that people with serious mental illness face when trying to find affordable housing (Consortium of Citizens with Disabilities, 1996).

As a result, periodic or chronic homelessness is a fact of life for many people with serious mental illnesses. Although they comprise about 1% of the U.S. population, people with serious mental illness are nearly one-quarter of the single adult homeless population (Federal Task Force on Homelessness and Severe Mental Illness, 1992). In 1987, the passage of the Stewart B. McKinney Act gave the U.S. Department of Housing and Urban Development funds to provide housing and support services for homeless persons with disabilities. These funds quickly became key resources in states’ and communities’ efforts to provide housing for people with serious mental illnesses and other vulnerable populations. Both the HUD Shelter Plus Care and Supportive Housing Programs used a variant of the supported housing approach as the basis for funding programs nationwide (Matulef et al., 1995; Fosburg, et al., 1997).

As the names “Shelter Plus Care” and “Supportive Housing Program” suggest, housing alone is not enough. The services that support people with serious mental illnesses in housing are thought to be critical to residential stability. Yet, the resources for services in supported housing are as elusive, or more so, than the housing itself. Federal funding streams, such as Medicaid, for financing the flexible, in-home supports needed by many are not consistently available or utilized by states (Bazelon Center for Mental Health Law, 2001). State-specific resources for community-based support services are dependent on the largesse and budgets of state legislatures.

Increasingly, attention has been focused on the role of mental health systems in community integration of people with mental illnesses (U.S. Department of Health and Human Services, 2001). This has been driven by the consumer and family movements (Tanzman, 1993; Van Tosh, 1994; Yeich, Mowbray, Bybee and Cohen, 1994; Harp, 1990); managed care (Consortium for Citizens, 1996); and, most recently, by the Supreme Court's 1999 Olmstead decision. The Olmstead decision clearly reinforces the states' role in providing community-based services for persons with disabilities (Bianco and Wells, 2001).

While political and social forces increasingly embraced the supported housing approach, debate continued on the need for more structured residential treatment alternatives. Many state mental health authorities had made considerable commitments to the residential continuum approach and were looking for solid evidence to continue this approach or to make a fundamental shift to a supported housing approach (Hutchings, Emery, and Aronson, 1996). Within this context the CHMS proposed a study of housing alternatives to examine if there was any difference in outcomes, satisfaction and costs for types of housing. Arizona was selected as a site to participate in the study due to the quality and variety of housing options. In a later section of this report, ADHS describes the preliminary results and how they will be used to guide housing development.

2. Arizona View:

In 1987 three "administrative entities" contracted with the Arizona Department of Health Services and received funds to provide behavioral health services for the seriously mentally ill in Maricopa County: CODAMA, East Valley Behavioral Health Association, and Community Care Network (CCN). The Arizona Department of Health Services analyzed the cost and difficulty of monitoring the SMI funds distributed to these three entities. The State initiated legislation to enact a law that required all three entities to compete for SMI funds with the intent that only one entity would be selected as the Regional Behavioral Health Authority (RBHA) to enter into a contract with the Division of Behavioral Health Services, a division of the Arizona Department of Health Services.

COMCARE was selected as the RBHA and entered into a five-year contract with the Division of Behavioral Health. Under this contract COMCARE was provided all program funds and initiated all referrals for SMI clients housed in Maricopa County. Although other agencies, clinics or hospitals had the ability to refer clients directly to housing providers, COMCARE controlled all housing funds.

During the period in which COMCARE managed the housing funds that were primarily devoted to adult residential programs, the referral process was very cumbersome and inconsistent. As an example, some housing properties received regular referrals and maintained occupancy at 75% to 80%. Other facilities may have had an average vacancy of 16% for up to nine months. Also, because of the referral system, COMCARE management had difficulty obtaining 3rd party verifications (co-signature) at initial lease-up. Verifications were mailed out at the time the client was briefed for housing, but sometimes the case manager was unable to get the person to the housing appointment thereby having to restart the process. COMCARE's housing system was based on the continuum model mentioned earlier. Individuals were placed in residential programs that had built in support. One problem was that when support could be reduced, the

person had to move. Another problem was that there were not enough beds to support a full continuum. Individuals stayed longer than necessary at levels of care that were not necessary and individuals remained on long wait lists because levels of care that were appropriate were not readily available.

On a positive note, COMCARE recognized the dilemma and began to search for resources for independent housing to increase housing options. In a short amount of time, COMCARE became extremely successful in obtaining federal funds to house clients. Their success rate was one of the highest in the country with HUD grants and with obtaining permanent housing through the Resolution Trust Corporation. During this period of time, ADHS provided State general funds to match all grants, and to provide supportive services.

Even with the influx of federal housing dollars, COMCARE still had to maintain wait lists for clients who needed to receive supportive services from COMCARE. Many clients referred to SMI housing providers were not always appropriate for the level of supervision and COMCARE did not have a readily available pool of support services or providers. The supportive services provided by COMCARE included only case management, medications and psychiatric services. Case management did not appear responsive to the needs of the clients nor did it occur in a timely manner.

Due to the threat of service cuts to non-Title XIX consumers, the Governor declared a behavioral health emergency in January 1998. In March 1998, the Arizona Department of Health Services issued a Request for Proposals to address the emergency. ValueOptions submitted a proposal in June of that year and was officially awarded the contract to provide behavioral health services to indigent residents of Maricopa County and became the Regional Behavioral Health Authority (RBHA) in September 1998. ValueOptions opened its doors on February 8, 1999 and began serving consumers under a contract with the Arizona Department of Health Services, Division of Behavioral Health Services (DBHS).

Since ValueOptions is a for-profit organization, this required a number of changes in the contractual relationship with HUD funded housing providers. HUD only provides funds to non-profit providers or units of government. ADHS and the Department of Commerce assumed responsibilities for the HUD contracted housing until ValueOptions could develop a relationship with a housing administrator. In 1999, Arizona Behavioral Health Corporation (ABC), a company that was created as a result of COMCARE's dissolution, assumed responsibility for these HUD contracts through a contract with the RBHA.

Today, ValueOptions administers the direct service component of the clinical team system while ABC and a variety of other housing providers manage the HUD housing component. ADHS through the RBHA provides match and administrative costs for all HUD contracts that can amount to 25% of the total costs, a dollar for dollar match in the Shelter Plus Care grants. Clinical teams provide opportunities to: assist consumers in acquiring the skills necessary to manage or eliminate the debilitating symptoms of a mental illness; develop partnerships with consumers; promoting the ability to live productive, satisfying and independent lives; foster the development of social role functioning, including educational and vocational roles; emphasize each consumer's unique strengths, culture and self determination.

While the Arizona Department of Health has always been involved in providing supportive services to match HUD funding and has also directly funded residential programs, the Department initiated a program in 1998 to develop purely state funded housing alternatives for individuals who were discharged from the Arizona State Hospital. This approach included both housing and support in the same service package and avoided the problems faced earlier in which supports were not readily available. The program design is successful and has eased the discharge planning process for consumers discharged from the State hospital, thereby significantly reducing the State hospital census. The discharge planning committee at the RBHA consists of a housing, vocational rehabilitation, substance abuse, and benefit specialists, a discharge planner and any other member pertinent to the consumer's recovery. The RBHA's discharge planner facilitates the process and assists consumer choice as defined in their ISP. They work in the Service Integration Department, which includes the housing department, COOL and vocational rehabilitation.

2. Current Sources and Types of Funding for Housing

The following table describes the current sources and types of housing available within Maricopa County. It also describes the populations that are typically appropriate for these settings.

HUD

U. S. Department of Housing and Urban Development

Supportive Housing Programs (SHP)

SHP's are HUD funded dollars in the form of grants to develop housing and related supportive services for people moving from homelessness to independent living through rental subsidy for housing choices. Program funds help homeless people live in a stable place, increase their skills or income, and gain more control over the decisions that affect their lives. SHP provides grants to units of government and non-profit agencies to develop supportive housing and services that will enable homeless people to live as independently as possible. The RBHA provides the mandatory cash match to obtain federal funding. ABC administers most of these programs.

Shelter + Care

Shelter Plus Care

The purpose of the program is to provide permanent housing in connection with supportive services to homeless people with disabilities and their families. The primary target populations are homeless people who have: serious mental illness; and/or chronic problems with alcohol, drugs or both; and/or acquired immunodeficiency syndrome (AIDS) or related diseases. The program provides rental subsidy for a variety of housing choices, accompanied by a range of supportive services funded by other sources. The goals of the Shelter Plus Care Program are to assist homeless individuals and their families to: increase their housing stability; increase their skills

and/or income; and obtain greater self-sufficiency. ADOH is directly responsible for grant administration and has direct contracts with ABC. The RBHA provides the mandatory 100% cash and service match. ABC administers this program with program oversight from the RBHA.

HUD Mainstream

Mainstream

Mainstream program vouchers enable families having a person with disabilities to lease affordable private housing of their choice. Mainstream program vouchers also assist persons with disabilities who often face difficulties in locating suitable and accessible housing on the private market. Public Housing Agencies (PHA's) and non-profits may apply for mainstream funding to develop or operate housing assistance programs. ABC has obtained 75 vouchers for disabled individuals and families and the RBHA funds the required cash match.

HUD 811

Section 811 Supportive Housing for Persons with Disabilities

HUD provides interest-free capital advances to nonprofit sponsors to help them finance the development of rental housing such as independent living projects, condominium units and small group homes with the availability of supportive services for persons with disabilities. The capital advance can finance the construction, rehabilitation, or acquisition with or without rehabilitation of supportive housing. The advance does not have to be repaid as long as the housing remains available for very low-income persons with disabilities for at least 40 years. HUD also provides project rental assistance; this covers the difference between the HUD-approved operating cost of the project and the amount the residents pay--usually 30 percent of adjusted income. The initial term of the project rental assistance contract is 5 years and can be renewed if funds are available. The RBHA funds the entire supportive services for this program with Toby House, Triple R, Southwest Behavioral Health and other service providers and provides the required leverage/cash match.

HUD Section 8

Section 8

Housing choice vouchers allow low-income families to choose and lease safe, decent, and affordable privately-owned rental housing. Consumers receive federal rental subsidy as long as they meet criteria, funding is available and they follow program rules. The RBHA provides supportive services to consumers in this living situation.

Public Housing Authority (PHA)

Public housing was established to provide decent and safe rental housing for eligible low-income families, the elderly, and persons with disabilities. Public housing comes in all sizes and types, from scattered single family houses to low rent apartments.

Section 202

Section 202 provides capital advances to finance the construction and rehabilitation of structures that will serve as supportive housing for low-income elderly and disabled persons and provides rent subsidies for the projects to help make them affordable. This program helps expand the supply of affordable housing with supportive services for the elderly and disabled. This program provides capital advances to finance property acquisition, site improvement, conversion, demolition, relocation, and other expenses associated with supportive housing for the elderly and disabled. Residential providers such as Toby, PSA, Southwestern Behavioral Health, Triple R, etc., own properties such as Brookside, Villa Agave, Villa de Con Fianza, and Harvard. The RBHA/State provides the required leverage and cash match to maintain these programs. They also provide supportive services through covered services to assist them in maintaining their independent housing.

State General Funds

State General Funds

State general funds have been used to develop transition housing for individuals who have left the Arizona State Hospital, Supervisory Care Homes or residential programs. This money is being used to rent properties usually four bedroom homes. They also provide supportive services through covered services to assist them in maintaining their independent housing in accordance with their ISP.

COMCARE Trust

COMCARE Trust

Liquidated assets from COMCARE Trust proceeds are used to lease and purchase homes and apartment complexes for priority population class members' community placement programs. They also provide supportive services through covered services to assist them in maintaining their independent housing. They also provide supportive services through covered services to assist them in maintaining their independent housing in accordance with their ISP

HB2003

House Bill 2003

Arizona legislatures voted unanimously in the 2000 special session to approve the use of Tobacco Litigation funds to improve deficiencies that were identified in the existing mental health system. As a result of

HB2003, ValueOptions expanded permanent housing, rehabilitation, and case management programs and services for adults diagnosed with a serious mental illness. They also provide supportive services through covered services to assist them in maintaining their independent housing in accordance with their ISP

C.O.O.L.

Correctional Officer/Offender Liaison Program

In 2002, the COOL program expanded to include housing for homeless individuals with felony convictions and substance abuse issues. COOL and the Department of Corrections established the Community Transition Housing Program which is a comprehensive housing and supportive services system providing offender appropriate resources which maximize opportunities for offenders to transition from prison into the community without compromising public safety.

Community Builders Roommate Matching Service

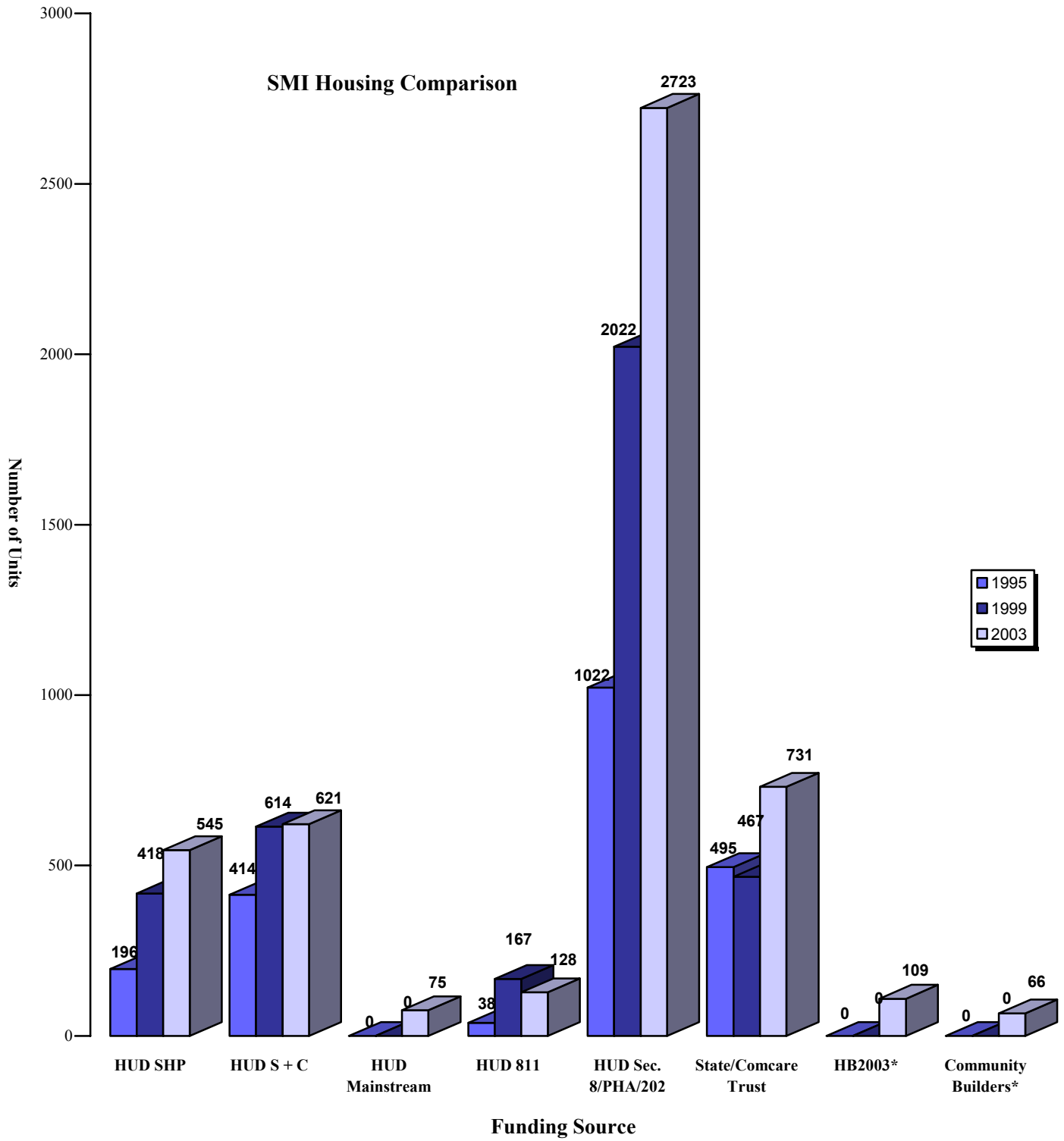
Community Builders is a new program created to provide limited subsidized shared housing based on matching consumers with strong independent living skills and similar interests to equally divide living expenses. Subsidies are in place for up to nine months through covered services. Consumers have freedom of choice and are not required to have a roommate should they decide to live alone.

The following table describes the number of individuals receiving housing services through the various programs identified above. The table traces the development of these programs since 1995. The graph depicts these results graphically. As noted, there has been a significant growth in housing resources for the seriously mentally ill in Maricopa County since 1995. One type of housing that has nearly tripled is the HUD Section 8/PHA/202. This is due to the fact that all eligible individuals who are enrolled in the Maricopa County housing or residential programs are assisted in applying for Section 8 since this is the most flexible, long-term, stable housing resource. The Exit Stipulation states “ADHS will make reasonable efforts to pursue and maintain federal funds for housing support services for classmembers. To the extent that, despite ADHS’ efforts, housing support grants currently funded by the United States Department of Housing and Urban Development (HUD) are not maintained or continued, ADHS will use its best efforts to obtain alternative funding for continued provision of the same level of service” (Paragraph 32). Clearly, while ADHS has met and substantially exceeded the Exit Stipulation requirement, meeting the need for additional housing for individuals with a serious mental illness continues to remain a priority for the Department. Individuals with a serious mental illness represent one of the populations that meet the federal emphasis on serving chronically homeless individuals. This places the Department in a favorable position for federal funds. Generally, state and federal surveys indicate that approximately 19% to 25% of the homeless population are individuals with a serious mental illness, however when you add individuals with undiagnosed mental illness and substance abuse to the total, the percentage reaches as high as 70%. Also, many individuals with a serious mental illness who are not homeless have unsafe or inadequate

housing or are one SSI payment or paycheck away from homeless. Since many of the Federal programs are targeted to the homeless population (Section 8 is an exception), the Department has combined a number of federal and state funding streams to develop the current program inventory. Many of the individuals who are identified as a priority population in the Exit Stipulation meet or have met either the homeless or inadequate housing criteria and are therefore a focus of a large percentage of housing activities.

Maricopa County Housing By Category
1995, 1999 and 2003

Type of Program	Number of Units Available			Description
	1995	1999	2003	
HUD SHP	196	418	545	Federally funded Supportive Housing Programs for homeless, disabled individuals.
HUD S+C	414	614	621	Federally funded program for homeless, disabled individuals and families.
HUD Mainstream	0	0	75	Federally funded certificates offered to non-profit agencies to provide subsidy for disabled individuals.
HUD 811	38	167	128	This category includes all federally funded project based housing units built using HUD 811 subsidy and designated for SMI housing, transitional and Supervised Independent Living included.
HUD Sec. 8/PHA/202	1022	2022	2723	Community-based integrated living designed to maximize self-sufficiency. Living arrangements include: family domicile; apartment living; and rental subsidy programs such as state funded subsidy; tenant-based and sponsor-based housing in HUD funded Shelter Plus Care programs, Section 8, Supportive Housing Programs and federal project based housing programs.
State/ComCare Trust	495	467	731	This category includes any level of housing that has been subsidized using money designated by ADHS/BHS and from the ComCare Trust fund.
HB2003*	0	0	109	Includes all housing opportunities for SMI priority population individuals subsidized using State funds regardless of level of housing.
Community Builders*	0	0	66	Roommate compatibility service subsidized using funds allocated by ADHS for covered services through budget re-allocation. Consumers are matched to live together and are trained on paying rent timely, cleaning their units, apartment selection, and managing their mental illnesses in the community.
Total	2165	3688	4998	



3. Strengths, Weaknesses, Threats and Opportunities Analysis

a. Strengths

1. The Governor established a Department of Housing (DOH) in 2002. The Director of the Department previously served as a consultant to the Maricopa County RBHA for housing for individuals with a serious mental illness. At least two other members of the Department of Housing have direct experience with this population.
2. The Governor's Office organized several state agencies that have a role in housing and increased their collaborative efforts by forming a workgroup that has developed a coordinated strategic plan. The workgroup is called the State Planning to Address Homelessness (SPAH).
3. The amount of funding received from the HUD Continuum of Care has been stable and has actually increased slightly. Renewal of existing HUD Continuum of Care housing awards has insured a stable funding base for the at least the next 3 years.
4. House Bill 2003 provided \$12.7 million in permanent housing and housing related services for housing for persons with serious mental illness in Maricopa County.
5. Over the last three years there has been a significant increase in the number of housing staff employed by the Maricopa County RBHA. Most of these housing specialists work directly on clinical teams.
6. ADHS is committed to develop additional housing resources at the Maricopa County RBHA as demonstrated by the allocation of State funds, cash match and administration funds for federal funds.

b. Weaknesses

1. Increasing levels of competition for HUD Continuum of Care housing funds continues to be a concern although no units have been lost.
2. The population growth in Maricopa County has increased the demand for housing in general and has increased the cost of affordable housing.
3. There has been growth in the number of landlords and property managers implementing Crime Free housing programs; however, the recent economic slowdown has caused some property managers to reconsider this policy.
4. The existing shortage of low-income housing in Maricopa County impairs the ability of class members to secure housing.

c. Threats

1. The economic slow down may lead to decreases in resources available to maintain the existing housing continuum. At this point, this concern has not materialized.
2. Increased demand for subsidized housing due to economic conditions may reduce HUD funding for persons with serious mental illnesses. However, at the Federal Level there has been no mention of changes on the current HUD distribution of resources.
3. The unemployment rate is on the rise.

d. Opportunities

1. The economic slow down may increase the RBHA's influence among housing providers and government agencies involved in the provision of housing.
2. Decreased housing costs resulting from economic recession may allow us to purchase or lease properties at a lower cost.
3. ComCare Trust funds have been committed to purchasing additional permanent housing units.
4. Additional housing staff on the clinical teams will improve access to housing options and support services for consumers.

II. ADHS Vision, Mission and Principles for Housing

1. Vision

Over the next three years, the Arizona Department of Health envisions a wide variety of housing units and support services for persons with a serious mental illness in Maricopa County. The units will include at least 4250 units of housing funded through HUD programs. The Department will also continue activities to ensure that individuals with a serious mental illness are ultimately able to obtain permanent Section 8 vouchers. The Department will continue to supplement HUD housing with at least 1118 units of housing purchased using funding contributed by the State of Arizona, Tobacco Tax Litigation funds, the COMCARE Trust and other resources. The Department will also continue to collaborate with state and local government agencies to develop additional units of housing for special populations.

2. Mission

The mission with respect to housing for the Arizona Department of Health is "to provide opportunities for individuals with a serious mental illness to live in a decent, safe and healthy community environment that will assist in the individual's recovery."

3. Guiding Principles

The Arizona Department of Health has identified the following guiding principles for housing and housing services:

- a. Individuals with serious mental illnesses have the ability and desire to learn the skills necessary to lead self-fulfilling, productive lives.
- b. Individuals deserve to live in the least restrictive setting possible based on needs.
- c. Stable housing contributes to recovery from serious mental illness.
- d. ADHS has the responsibility to provide a continuum of housing options that will meet the needs of individuals as identified in their treatment plans.
- e. Adults with serious mental illnesses will have the opportunity to live in their own homes and participate in treatment services intended to promote recovery and community-based living;

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- f. Individuals whose treatment plan includes housing as a service will have access to a continuum of housing options;
 - g. In accordance with the needs identified in their treatment plans, class members will participate in selecting the most appropriate housing option and/or supports needed to promote and sustain their recovery from serious mental illness;
 - h. The housing continuum will emphasize permanent housing options or clients' homes rather than living situations that require clients to move when the level and/or intensity of treatment supports they require to sustain their recovery changes.
 - i. All housing programs will be limited to eight individuals and there will be a strong preference for four or less individuals.
 - j. An individual's decision to accept or reject treatment services will not affect her/his eligibility for housing services.

Context of the 2003 Plan

Due to changes in the behavioral health system in Maricopa County and the potential for a severe reduction of federal housing funds, the previous strategic plan for housing emphasized activities necessary to ameliorate the potential crises. As the critical situation that drove the original strategic plan has dissipated, the current plan will focus on the development of stable funding sources for the continuum of housing services available to persons with serious mental illnesses in Maricopa County.

The ADHS will pursue a number of distinct objectives during the next five years. These objectives and activities appear below.

III. Role of ADHS and Other State Agencies

1. Role of ADHS in housing activities:

ADHS will continue the collaborative working relationships that have been established with other state and local agencies and will directly fund outreach and housing development. Housing programs, funding streams and expertise extend beyond that typically found in a behavioral health system. In order to tap into these resources the Department needs to work extensively with a variety of agencies in order to meet the mission and principles described above. The Arizona Department of Housing (ADOH), Arizona Department of Health (ADHS), Arizona Health Care Cost Containment System (AHCCCS), the Department of Economic Security (DES) and the Department of Corrections (DOC) are agencies that have been identified by the Governor as playing a role in housing for the poor or disabled populations. These agencies have established a partnership identified as the State Planning to Address Homelessness. The plan that has been developed indicates the complex inter-relationships that exist between agencies that serve the homeless or disabled populations. The specific plan and objectives are attached as Appendix C. In addition to this significant collaborative effort, ADHS is also closely involved with the Maricopa County Association of Governments (MAG) Regional Committee, the Planning Committee and the Advisory and Users Group for the Homeless Information System. ADHS is also active in the Arizona Coalition to End Homelessness (ACEH). This coalition has

also established strategic initiatives that are described later in this section. These partnerships have identified the multi-agency nature of the housing problem and that any solutions will need to rely on multi-agency efforts. In addition, ADHS will develop and provide a number of educational activities for community stakeholders and specific training for RBHA clinical staff.

The plan as presented is linked to three other plans in which the Department plays a vital role. Excerpts from these plans are included to illustrate the variety of activities that have developed in our pursuit of additional housing.

a. Project to Assist the Transition from Homelessness (PATH):

The Arizona Department of Health Services will utilize the Project to Assist the Transition from Homelessness (PATH) Grant Funds to provide an array of services to persons who are homeless and have a serious mental illness, including those with co-occurring substance abuse problems. ADHS directly contracts with Southwest Behavioral Health Services (SWBH), a non-profit behavioral health service agency, to provide PATH services in Maricopa County. The Southwest Behavioral Health Services Homeless Outreach Team continues to focus on outreach, screening and diagnostic services, emergency assistance, case management, and referrals to the most appropriate housing environment. The PATH program is located at the ValueOptions Washington House Clinic to ensure a close working relationship with intake and clinical staff.

The homeless outreach team provides services for individuals or families who are: A) homeless or at imminent risk of becoming homeless; and B) are suffering from serious mental illness; or C) suffering from serious mental illness and have a substance use disorder. The homeless outreach team maintains contact with clients throughout Maricopa County in many different locations and sites. These sites range from the streets, vacant buildings, homeless shelters, homeless campgrounds, river bottoms, desert campsites, parks, jails, hospitals and neighborhoods. The PATH program is stationed at the Washington House Homeless Clinic at ValueOptions and is administered by Southwest Behavioral Health (SWBH).

The services provided by the PATH homeless outreach program are: 1) Outreach activities and Community Education. 2) Field assessments and evaluations. 3) Intake assistance/ emergent and non-emergent triages. 4) Transportation assistance. 5) Assistance in meeting basic skills. 6) Transition into the ValueOptions case management system. 7) Medication and assistance in getting prescriptions filled. 8) Move-in assistance. 9) Housing referrals both transitional and permanent placements. 10) Additional services provided include outreach activities hotel vouchers, food, clothing, and housing referrals for both transitional and permanent placements

These services are provided in locations where individuals who are homeless gather. Some services are initiated at the point of contact either in the field or at the RBHA Washington House clinical site. The homeless outreach workers maintain contact with these clients in many different locations. Once enrolled as a PATH client, the homeless are transported to the Washington House, where the PATH staff is located for intense follow-up. At the Washington House, the process of screening participants for service eligibility and case management begins. Please note that this is done during the daytime hours. During the evening hours the night shift outreach specialists assist clients with checking into hotels with the hotel vouchers.

Persons who are identified as homeless and having a serious mental illness will be engaged in supportive and treatment services and integrated into the “traditional” behavioral health system (ValueOptions). During fiscal year 2002/2003, the PATH program project expects to serve over 800 homeless clients with a serious mental illness.

Goal 1: Continue to expand and improve the quality of services provided by the Southwest Behavioral Health Services-Project for Assistance in Transition from Homelessness (PATH) Program that is funded through a federal grant.

Objective 1: Continue to expand PATH services as new funds are allocated to Arizona by 12/1/03.

Upon receipt of the 2003-2004 funds, two additional Outreach Specialists will be hired increasing number of staff team members to 11. The Valley’s continual growth and development is as always accompanied by an increase in homeless populations. The addition of the two staff members will allow the team to train members in preparation for the opening of the Day Resource Center and commit these two team members to assist the DRC in similar fashion as we currently are assisting the Central Arizona Shelter Services (CASS). These two additional staff members will eventually be based at the Day Resource Center and have the use of a cellular phone, van, and laptop computer to access the PATHNET database and Value Options ABSOULTE system. Through a collaborative effort of the Day Resource Center and PATH the new outreach specialists will assist in meeting the needs of the increasing homeless population in Maricopa County.

Objective 2: ADHS will assist SWBHS in continuing to coordinate with ValueOptions Direct Services staff and other agencies in the community to engage individual in the “traditional” behavioral health system and connect them with needed services in the community by 12/1/03.

The ability to place people quickly into a housing situation has been a key factor in mainstreaming people back into the community and ending chronic homelessness. The availability of supportive housing services and subsidized units has made it possible to provide the needed housing and support services to mainstream people into the system. ValueOptions is actively involved with the PATH program in trying to mainstream people into services provided by the behavioral health system.

SWBH PATH program staff will continue to work with law enforcement to divert people from the criminal justice system and encourage them to seek services and needed supports as an alternative to incarceration. The City of Phoenix Police has assigned officers to the parts of the City, where people who are homeless sleep and receive services, these officers work with the PATH team. They are involved in the Homeless Consortium, of which the ADHS and PATH team is also represented. Staff from the PATH program outreaches shelters to determine if a person should be provided outreach into the mental health system. Maricopa County HealthCare for the Homeless supports a medical clinic for persons whom are homeless. Various churches and non-profit agencies operate meal programs in the downtown area. None of the services are specifically for persons with serious mental illnesses but persons who have a serious mental illness use the services.

Objective 3: ADHS will continue to seek federal technical assistance funds to improve the quality of services provided by the SWBH PATH program and ValueOptions staff, as well as other community agencies that provide services to individuals who are seriously mentally ill and homeless by 12/1/03.

During the past two years Arizona has been the recipient of federal technical assistance grants to provide training to the PATH providers. At each training session, community providers and agencies were invited to participate. Since ValueOptions and SWBH PATH programs are also responsible for substance abuse treatment programs, as well as programs for adults with serious mental illnesses, the working relationships have already been formalized. RBHA case managers have the ability to secure needed substance abuse services from within their own system; therefore PATH collaborates to access these services. In addition, the State of Arizona continues to implement a statewide initiative to provide integrated treatment for persons with co-occurring disorders. Services to homeless persons with co-occurring disorders are a specific component of the initiative.

b. State Planning to Address Homelessness (SPAH):

The SPAH work group was established by an Executive Order in 2002 by then Governor Hull and has been revised and is in the process of being endorsed by Governor Napolitano. This meeting is a work group that meets monthly and includes 7 state agencies to coordinate and address the services to homeless people. Representatives from the Governor's Office, the Maricopa and Tucson Continuums of Care and the Department of Administration, Corrections, Housing, Health Services, Economic Security, Education, Veterans Services and AHCCCS. The group has completed a gap analysis of state services to homeless individuals and families across the state. In the coming months the group will be working on flushing out the objectives in their action plan and prioritizing the gaps analysis.

In September of 2001, Arizona put together a state team and applied to attend the federal policy academies that were sponsored by HUD, Health and Human Services (HHS) and the Veterans Administration (VA). The team consisted of representatives' from Arizona Department of Health Services, Arizona Department of Economic Services, Arizona Department of Veteran's Services, and City of Tucson, Arizona Coalition to End Homelessness, Maricopa Association of Governments, Arizona Department of Housing, Arizona Department of Corrections, and Office of the Governor Janet Napolitano. In November 2002 federal consultants came to Arizona and conducted a 1.5-day orientation for team members. Arizona state team members attended the 2.5-day academy in Atlanta in January 2003 that focused on improving access to mainstream services for people experiencing chronic homelessness.

Goal 2: DBHS staff will continue their ongoing participation in the State Planning to Address Homelessness.

Objective 1: Participate in the development of the SPAH action oriented state plan on homelessness. The goals and objectives that have been drafted are included in Appendix C (ongoing).

Objective 2: Once the plan is finalized it will be reviewed with Agency Directors

Objective 3: Participate in the Maricopa County Gap Analysis Ad Hoc Work Group (ongoing).

This is a sub group of the larger Maricopa County Continuum Care Committee (CoC). The goal of this work group is to review various data elements, such as the Maricopa County Homelessness Indicators, the DES Survey of Beds and Services in Maricopa County, and the preliminary results of homeless street count. Once reviewed the group will determine what information is missing and how best to gather it. Once all the information is gathered it will be entered on to the Housing Gaps Analysis Chart and be part of the Maricopa County CoC HUD Application. ValueOptions staff also participates on this committee.

c. Maricopa Association of Governments (MAG):

Goal 3: DBHS staff will continue their ongoing participation in the Maricopa Association of Governments (MAG) Continuum of Care Regional Committee on Homelessness

Members of this committee include local and state elected officials, representatives of the Governor's Office, service provider agencies, business representatives, funders, ValueOptions staff, and advocates. The committee prepares an annual homeless plan and submits an application to the U.S. Department of Housing and Urban Development.

Objective 1: Advocate and educate for the need for additional housing resources to be dedicated for individuals with a serious mental illness (ongoing).

Objective 2: Development working relationship and cultivate partnerships with other agencies by participating in the Regional Committee, Planning Subcommittee, HMIS Advisory Group and HMIS User's Subcommittee (ongoing).

a. Regional Committee: Former Chief Justice Frank X. Gordon served as the Chairman of the Continuum of Care Regional Committee on Homelessness, the current chair is Ernie Calderon. Jan Brewer, formerly the Maricopa County Board of Supervisors' Chairman, currently the Secretary of State served as the Vice Chair of the Committee. Members include representatives of the Governor's Office, elected officials of county and local governments, foundation representatives, the Valley of the Sun United Way, ValueOptions and the Mesa United Way, service providers, advocacy groups and formerly homeless people. The task of this Committee is to oversee the development of an effective plan to address homelessness in the region. In addition, the Committee has taken responsibility for the annual funding application submitted to HUD. The HUD funds have provided millions of dollars to agencies serving the most vulnerable homeless people. The RBHA provides State funds for the dollar for dollar match for agencies housing homeless persons with a serious mental illness.

b. Planning Subcommittee: The task of this Sub-committee is to research and develop effective policies and practices to provide an array of services to homeless people in Maricopa County. Prevention, emergency shelter, transitional housing and permanent housing with supportive services are included in this continuum. HUD is providing

assistance by contracting with HomeBase, a consulting firm, to research best practices across the country, and make appropriate suggestions for our region. This Subcommittee is chaired by Tom Canasi, City of Tempe, and includes members of the Regional Committee, representatives of Arizona State University and interested provider agencies.

c. Homeless Management Information System (HMIS)-Advisory Board and Users

Group: The HMIS Advisory Board and User Group focus on the implementation of the HMIS database that was funded through HUD. The HMIS Advisory Board provides input on the overall project development, implementation, policy issues, reporting of information and evaluation of the HMIS database in Maricopa County. The HMIS User Group is comprised of providers who will be using the system to develop procedures and assist in resolving issues that are raised during implementation.

Planning Process: The Maricopa HMIS implementation began with a community wide planning process held in December 2001. The Maricopa Association of Governments, on behalf of the Continuum of Care Regional Committee on Homelessness and the Community Information & Referral, Inc. (CI&R) of Maricopa County, convened a planning process to identify the high level requirements for the Maricopa Homeless Management Information System (HMIS) and to select a software vendor that would meet the requirements of the local community and the U.S. Department of Housing and Urban Development (HUD). Community Information & Referral is the Grantee and host agency for implementation of the Maricopa HMIS. This planning process, which included representatives of homeless provider agencies, city, county, ADHS, ValueOptions state government agencies, private foundations, and private information technology experts, developed a design for the system and presented its recommendations to the Continuum of Care Regional Committee on Homelessness and its Planning Subcommittee for approval.

User Group: The Maricopa HMIS implementation structure includes a User Group responsible for oversight and monitoring of the implementation, development of policies and procedures for problem resolution regarding system implementation. This serves as a forum for current and future users to discuss their implementation status, raise questions and participate in the policy setting process. The User Group meets on a bi-weekly basis. The User Group purpose: 1) Assist the CI&R and Project Team with detail policy and procedure development, system usage, etc. 2) Review and comment on provider use of the HMIS-provide the Provider perspective. 3) Resolve issues raised by CI&R, the Advisory Board and the Continuum 4) Participate in the evaluation of the HMIS system. The User Group has: 1) Finalized the Partnership Agreements and Code of Ethics. 2) Developed draft Policies and Procedures that will be finalized in the next month. 3) Monitored and provided feedback on User training. The User Group will also serve as the review and decision making step for requests from external organizations for reports/data, problem resolution regarding agency policy or procedural violations, and agency grievances.

Advisory Board: The Maricopa HMIS Advisory Board which is comprised of community, local government, business, ValueOptions and agency stakeholders

provides advice and guidance regarding the overall implementation of HMIS and serves as a forum for key stakeholders to be provided information about the implementation of HMIS, to participate in the planning and policy setting, and to understand the potential of HMIS implementation. The HMIS Advisory Board meets every 6 weeks. The Advisory Board role is to: 1) provide input on overall project development, implementation and evaluation. 2) Provide input/approval on high level operational and policy issues. 3) Resolve issues raised by CI&R, the User Group and the Continuum. 4) Provide support for project funding. 5) Participate in evaluation. 6) Oversight of the reporting of data issues. 7) Serve as a communication link between HMIS and Continuum of Care Planning and with funders. 8) Provide opportunity for interface with statewide Continuum issues

d. Arizona Coalition To End Homelessness (ACEH)

The Arizona Coalition to End Homeless is a non-profit organization of individuals and agencies that advocate for persons who are homeless. As of May 16, 2003, ACEH consisted of 31 individual members and 44 agencies with annual budgets ranging from under \$5,000 to over \$1,000,000. Twenty-five of the agency members have annual budgets over \$1,000,000 including the RBHA.

The Mission of the Arizona Coalition to End Homelessness is to strengthen the capacity of local communities to respond to homelessness through statewide leadership, technical assistance, and advocacy. The ACEH promotes knowledge and awareness about homelessness and its causes and coordinates events in Arizona for National Hunger and Homeless Awareness Week. ACEH provides assistance to local communities and agencies that are responding to homelessness. ACEH offers workshops, training opportunities, as well as access to resources and information. ACEH sponsors the largest annual conference on homelessness in Arizona.

Goal 4: DBHS and the Maricopa County RBHA staff will continue their ongoing participation in the Arizona Coalition to End Homelessness (ACEH).

- **Objective 1: Advocate and educate for the need for additional housing resources to be dedicated for individuals with a serious mental illness (ongoing).**
- **Objective 2: Development working relationship and cultivate partnerships with other agencies participating in the ACEH (ongoing).**
- **Objective 3: Participate in the achievement of the goals and objectives that have been identified in the ACEH strategic plan listed below (ongoing).**

e. Participation in the Continuum of Care:

ADHS will continue to partially rely on funding secured through the HUD Super Notice of Funding Availability (Super NOFA) as one of the sources for financial resources for housing. Generally, these funds come from HUD's Shelter Plus Care (S+C), Supportive Housing Program, Section 811 Housing for People with Disabilities, and Section 8 Housing Voucher

programs. Organizations wishing to secure funding through HUD's Super NOFA programs must participate in a locally controlled Continuum of Care. HUD requires Continuum of Care participants to prioritize all new and existing housing activities, and then allocate HUD funds based on this prioritization. ADHS through the Maricopa County RBHA provide both cash match and administrative funds for these projects.

Goal 5: ADHS and RBHA will maintain and expand the housing units now funded through Continuum of Care programs.

- **Objective 1: Serve on the Maricopa County Continuum of Care Regional Committee on Homelessness, the regional HUD-mandated policy making body, to advocate on behalf of class members (annually).**
- **Objective 2: ADHS will continue to provide cash match and administrative funds used to support Continuum of Care proposals.**
- **Objective 3: Represent the needs of individuals with a serious mental illness on the Maricopa County Continuum of Care with the goal of cultivating relationships with other participating organizations and generating support for existing Continuum of Care projects and to plan the use of HUD funds in the region. Participate on individual Continuum of Care committees include: Homeless Planning Analysis and Gaps Subcommittee, Shelter Plus Care Subcommittee, Homeless Continuum of Care Subcommittee, Ranking and Review Committee (Ongoing)**
- **Objective 4: Work with non-profit organizations, including the existing Housing Administrator (ABC) to pursue opportunities to secure additional housing resources through the HUD programs (Ongoing).**
- **Objective 5: Assist the RBHA and Behavioral Health housing providers as necessary to develop proposals to submit to HUD for the various funding programs (annually).**
- **Objective 6: Work with the current non-profit Housing Administrator (ABC) to facilitate application of the twenty-five percent cash matching funds provided by the RBHA and required by HUD (Ongoing).**

f. State Funded Programs:

Currently, the state of Arizona directly supports 906 units of housing for persons with a serious mental illness in Maricopa County. This housing includes 673 units that target persons who require extensive support services and 250 units targeted toward persons transitioning from the Arizona State Hospital and Supervisory Care Homes.

Goal 5: ADHS will continue the expansion of state funded housing programs.

Objective 1: ADHS will develop at least 212 additional state-funded housing units within the two years (7/1//05).

ValueOptions Housing staff is in the process of acquiring over \$5.4 million dollars from the ComCare Trust fund of permanent housing stock to house priority population consumers.

ADHS is in the process of finalizing an IGA with the Arizona Department of Housing to assist the Maricopa County RBHA to develop 212 units of housing within the next two years. The IGA that describes ADOH activities for year one is attached as Appendix F. In addition, ADHS will submit a Critical Issue Budget Justification to request additional funds to expand housing resources to meet the goals previously stated. The most recent submission is attached as Appendix D.

g. Educational Activities for the Community:

ADHS in collaboration with the Department of Housing and the Maricopa County RBHA will provide a variety of educational activities regarding the needs of individuals with a serious mental illness and housing to the Legislature and other relevant parties. These activities will include:

Goal 6: Develop educational activities for community stakeholders.

- **Objective 1: Developing information and materials that will demonstrate the need for both maintaining and expanding state expenditures on housing services for persons with serious mental illnesses by 12/1/03;**
- **Objective 2: Provide analysis, including cost-benefit analysis, of the effects of housing on the process of recovery from serious mental illness by 12/1/03;**
- **Objective 3: Highlight and promote the inter-organizational and inter-agency collaboration in the ADHS and RBHA efforts to maintain and expand the continuum of housing services available to persons with serious mental illnesses in Maricopa County 06/30/04.**
- **Objective 4: Host educational seminars and events annually for representatives of units of local government, and/or stakeholders. These seminars will provide participants with information regarding the role of housing in the process of recovery from mental illness, the benefits that accrue to local communities as a result of supporting the behavioral health housing continuum, and promote the acceptance of individuals with serious mental illnesses in the neighborhoods in which they reside 6/1/04.**

h. Training for RBHA Clinical Staff:

ADHS will work with the Maricopa County RBHA Housing Manager to develop training programs that increase staff awareness of housing options. The RBHA Housing Manager will assist in the development of grant proposals and provide administrative or technical assistance as necessary. The Housing Manager, in conjunction with the training department and the housing specialist clinical teams, will create a comprehensive housing training program to be delivered

twice a year for all clinical sites. The Housing Manager will assure that all new employees, housing providers, and housing specialists on clinical teams will be trained on housing issues and housing related services annually.

Goal 7: Develop training for all RBHA Clinical Team Staff, consumers and advocates.

- **Objective 1: Develop a comprehensive training program 12/1/03.**
- **Objective 2: Deliver training to all nurses, case managers, rehabilitation staff, substance abuse staff and other clinical team staff on housing related issues, their roles and importance of community integration 6/1/04.**
- **Objective 3: Create and implement a plan to educate and inform consumers and family members regarding housing issues 12/1/03.**
- **Objective 4: Develop specialized training for Case Managers regarding the housing arena and the importance of securing and maintaining subsidized housing 6/1/04.**
- **Objective 5: Develop specialized training for housing administrators and specialists on clinical teams regarding their role on the clinical team, ABC, subsidized housing programs, oversight of housing providers, funding streams, homeless issues, supporting vocational and meaningful community activities 6/1/04.**
- **Objective 6: Develop and deliver specialized training for in-house housing staff, contracted housing providers, case managers and clinical team housing specialist in the areas of Fair Housing, the Americans with Disabilities Act, AZRLTA, Adult Residential, confidentiality, HUD rental subsidized programs (Section 8, McKinney Act: Shelter Plus Care, HOPWA, Supportive Housing Programs Section 811, Continuum of Care), sponsor based, Tenant based, and Project based housing 10/1/04.**
- **Objective 7: Develop policies and procedures, forms, criteria, and protocols for housing providers and housing staff on the permanent housing units for consumers being housed under the RBHA housing acquisition program 12/1/03.**
- **Objective 8: Require RBHA housing staff to be certified in Housing Quality Standards (HQS) to assure consumers are living in quality housing by 12/31/03.**

IV. Identify any additional staff resources that will be needed.

The Department has decided that increasing the number of housing staff at the RBHA level was more important than increasing internal ADHS capacity. ADHS will continue to use existing staff in the Adult Services Bureau to provide the resources necessary to conduct coordination activities. The Chief of Clinical Services, Chief of Adult Services and several program representatives have each been assigned to the various activities identified in this document. For coordination purposes, the Department has also fostered a strong working relationship with the Arizona Department of Housing.

The Maricopa County RBHA housing department has increased the number of staff devoted to housing on clinical teams but not all teams have housing specialists at this point. The RBHA has proposed to have, at the very minimum, one housing specialist at each site that will not carry a caseload. The housing specialists have proven their value by participating in staffings, locating affordable units, negotiating with landlords, taking consumers to Public Housing Authorities to place them on Section 8 waitlists and providing more intense training and technical assistance to case managers on housing issues. Housing staff on clinical teams have prevented a record number of evictions, attended numerous court hearings with consumers on Landlord/tenant issues, enhanced advocacy skills for the sites and provide additional move-in assistance and eviction prevention funds to consumers. The housing specialists on clinical teams have prevented approximately 350 consumers from losing their housing in the Community Tenure program, exceeding program goals. Without the housing staff, this would not have occurred. Housing specialist hired at clinical sites will be used to work on reducing the number of consumers in hospitals, adult residential and Supervisory Care Homes (SCH) by locating low-income housing that consumers may be able to rent under sponsor based housing.

Goal 5: Continue to monitor and adjust the number of RBHA staff devoted to housing resources and housing support services.

- **Objective 1: Increase the number of Housing Specialists employed at the ValueOptions clinics by 6/30/04.**
- **Objective 2: Continue to train RBHA Housing Staff in best practices in housing and supportive services.**
- **Work closely with RBHA Housing Manager and Service Integration Officer to secure funding for housing specialist on clinical teams.**

V. Develop an ongoing collaborative relationship with ADOH.

1. Work with the ADOH to create Low Income Tax Credit projects by 7/1/03.

Because of the complex legal complications associated with the bonding agencies, the decision was made to purchase a small apartment complexes and additional houses instead of the large complex. Issues surfaced when other funding sources wanted total control of the projects. ADHS and the ADOH will continue investigating the use of Tax Exempt bonds for affordable housing. This initiative will continue to be explored as new funding sources become available, however, at this time; this effort has not been fruitful.

2. Jointly develop with the ADOH objectives to address the housing needs of persons with a serious mental illness by 10/1/03.

The Arizona Department of Housing (ADOH) has worked with the Arizona Department of Health Services (ADHS) and its Regional Behavioral Health Agencies in developing affordable housing options for persons with a serious mental illness throughout the State of Arizona, with particular emphasis in Maricopa County. ADHS and ADOH's have identified the following role for ADOH in providing housing options in Maricopa County:

Objective 1: Serve as the HUD Grantee for Continuum of Care – Shelter Plus Care homeless housing programs (ongoing).

ADOH will serve as the Grantee for six HUD McKinney Continuum of Care grants providing permanent housing for homeless persons with a serious mental illness or co-occurring disorders. A total of 763 units are provided, with all but 12 units providing rental assistance to individual tenants who choose where they want to live throughout the county. These programs provide affordable housing opportunities of the client's choice in the least restrictive manner. All these programs have a required full complement of supportive services, which are provided through the RBHA service system. They also require administrative funds and dollar for dollar service match, which is provided by ADHS.

Objective 2: Serve as the administrator for ADHS-funded housing development programs (until 2017).

ADOH will continue to serve as administrator for affordable housing development under H.B. 2003 on behalf of ADHS in Maricopa County, working with the RBHA, ValueOptions. Under the program, 109 beds of permanent housing for persons with a serious mental illness have been developed, using H.B. 2003 and other leveraged funding sources. ADOH will continue to serve in an oversight role for these programs for the next 15 years.

Objective 3: ADOH will enter into an Inter-Governmental Agreement with ADHS to administer funding from the ComCare Limited Proceeds Trust, to develop permanent affordable housing for persons with a serious mental illness in Maricopa County by 06/30/04.

The program is anticipated to be administered similarly to the successful H.B. 2003 program and will include at least 212 units. In addition, ADOH has had a general discussion with ADHS regarding continuing its role in developing housing options for persons with a serious mental illness in the future, as additional State funding resources are made available through ADHS. A copy of the IGA is attached.

Objective 4: ADOH provides direct funding for projects providing housing designated for persons with a serious mental illness through the State Housing Fund, which consists of a combination of HUD HOME funds and the Arizona Housing Trust Fund (ongoing).

Over the past years ADOH has funded a number of projects, both leveraged and un-leveraged with other funds, through the State Housing Fund. The funding application process and funds

distribution goals provide preferences for projects serving special needs populations, which we anticipate continuing in the future.

Objective 5) ADOH will continue to administer both the Low Income Housing Tax Credit and Non-profit Mortgage Revenue Bond programs, both of which are additional sources of capital development for larger projects, some which have provided set-asides for units providing permanent affordable housing for persons with a serious mental illness (ongoing).

Objective 6) ADOH will continue to provide funding to Arizona Behavioral Health Corporation (ABC) for an eviction prevention emergency homeless housing targeting persons with a serious mental illness (ongoing).

Objective 7) ADOH has created a separate Technical Assistance section of the Department whose function is to work with potential applicants for ADOH housing programs, from the initial project planning stage through the application writing stage (ongoing).

The goal is help agencies such as ADHS develop successful housing projects and facilitate their ability to move through ADOH's and other funding resources processes in a timely manner. This technical assistance is available for potential housing providers serving persons with a serious mental illness.

VI. Requirements for the Maricopa County Contractor

1. Review existing contractual requirements surrounding housing for individuals with a serious mental illness and adjust if necessary by 10/1/03.

ADHS is currently reviewing the contractual requirements regarding housing in its preparation for the Maricopa County 2004 Request For Proposals (RFP). Adjustments to the contract requirements will be made based on this review.

2. Identify any ADHS policies that need to be developed or modified related to housing (rent contributions, size of units, etc.) by 10/1/03.

ADHS is currently examining policies that address housing that may need to be rewritten. At this point, only one policy has been identified (Co-Payment) which has been adjusted. The review of other policies will continue.

3. Work with assigned Maricopa County Contractor's staff to develop fidelity-monitoring protocols for housing programs by 1/1/03.

The ADHS and the Maricopa County RBHA have developed numerous audit tools and fidelity protocols to assure that consumers are housed in safe, decent and sanitary community placements and that in-home supportive service provided by contacted service providers are meeting the needs identified in the individual service plan.

4. Include housing programs in Network Monitoring and Development activities of ADHS by 12//03.

ADHS requires each RBHA to conduct an annual inventory of the providers that include the number of individuals who can provide each of the services identified in the covered services guide. The inventory for 2004 will include the number and type of housing programs available throughout the state. Based on the inventory, ADHS and the RBHAs will identify network development needs which are incorporated into a plan that is monitored quarterly. Housing development activities will be added to the plan for the coming year.

VII. Housing Types and Uses

1. Identify current housing types, funding sources, numbers and populations served and the units available by 7/1/03.

The ADHS and the Maricopa County RBHA have recently completed a review of current housing data and have held a series of housing summits to review, discuss, expand options and incorporate new best practices. The number and funding sources were identified in an earlier section of the document. The following describes the current housing programs and models:

1. Residential Treatment:

24 Hour Supervised Basic Residential:

A licensed twenty-four hour supervised program that provides services to adults in a controlled, safe, 24-hour voluntary program. These services are designed for residents who have significant deficits in social, psychiatric, and psychological functioning. These are significant deficits in living skills requiring extensive support, rehabilitation, and a comprehensive approach to psychiatric, social, and psychological needs. They are designed to provide a high level of staff involvement for those residents requiring substantial skill training and support in a structured environment.

24 Hour Supervised Co-occurring Residential:

Licensed residential program designed to meet the needs of individuals with a serious mental illness and substance abuse disorders. Programs are designed to provide integrated mental health, substance abuse supports and treatment concurrently in the community.

16 Hour Semi-Supervised Residential:

A licensed community based therapeutic group living program designed for residents with deficits in independent living skills but offers a less restrictive and less programmed environment than 24-hour residential. These placements may be in an apartment or HOUSE model setting. Residents go into the community for school, work and outside activities.

Provider Affiliated Housing:

This licensed community based program provides the opportunity to address all levels of residential services in one contract. Programs should be designed and developed to serve individuals with a range of needs. The purpose of this model is to ensure that residents may

continue living at the same site and the level of staff support changes as their needs change, without rental subsidy.

Crisis Stabilization Units:

The crisis stabilization unit is a 24-hour level I facility. There are 32 beds in the under Southwest Behavioral Health currently rendering this service. These are locked facilities with 24 hour nursing. They are frequently used as step-downs from inpatient facilities.

2. Supported Housing:

In addition to psychiatric treatment and rehabilitation activities to support their recovery from serious mental illnesses, certain individuals have a clinically determined need for housing. For these consumers, housing provides structure and consistency that enhances the recovery process.

Semi-independent Community Living:

This level of community housing focuses on providing support and housing for individuals transitioning from the Arizona State Hospital, Supervisory Care Homes, Adult Residential and/or Jail. Two community housing models are available; the House Model and the Apartment Model. Both models use community based supportive service providers to assist the consumers in their daily living and provide opportunities for individuals to manage their symptoms by living in a safe and healthy community environment leading towards independent living. Each person pays his or her own share of the rent as stated in lease/occupancy agreements. This is usually up to 30% of income.

Independent Community Housing:

A setting where an individual can either live alone or with a roommate in a home or apartment with or without supports from mental health staff. Options include: HUD Section 8 programs through local Public Housing Authorities; Low-income subsidized housing through local non-profit organizations; Shelter Plus Care and Supportive Housing Programs funded with federal grants and administered by contracted housing providers; State subsidized rental units; housing purchased with ComCare Trust proceeds permanent houses and apartments with State - HB 2003 funding.

3. Supportive Services

Supportive services may include case management, socialization, recreational activities, vocational and independent living skills training such as; personal hygiene, household tasks, transportation utilization, money management, and the development of natural supports needed to access services in the community. The new covered services implemented in 2001 have greatly expanded the variety of supportive services that are available.

Community Builders Program

Roommate compatibility service is a voluntary referral service for individuals who are able and willing to live independently in the community of their choice. Through apartment sharing, one can combine resources that will enable them to live in a safe, clean neighborhood and have a sense of pride in their home. With the assistance of a community builder staff members and/or peer counselors, consumers will find their own locations, negotiate lease options, furnish units to

their own taste, and clear credit issues. Consumers will be matched to live together and will be trained on paying rent timely, cleaning their units, apartment selection, and managing their mental illnesses in the community. Leases will be tenant and sponsor based, and will offer a smooth transition into independent living. All living expenses will be equally shared between roommates without the assistance of rental subsidy. Rental subsidy is available for a limited duration of time. Consumers are mandated to live with a roommate – they can live alone and receive the same benefits of the program.

Respite Services

An out-of-home safe and therapeutic living environment that provides an opportunity for a brief separation with the expected outcome to return to the previous living arrangement that can only be accessed as part of a spectrum of current therapeutic services.

2. Identify role of covered services particularly supportive services and their relationship to successful housing by 10/1/03.

The RBHA housing department provides housing and housing related services for consumers through contracted housing and service providers. The use of covered services for TXIX eligible consumers' provides funding for a variety of in-home supports and other services for this population. Non -TXIX consumers have housing and supportive services provided through state funds. Once a clinical team has determined the type of housing a consumer needs, a referral is submitted to the appropriate department. A link between housing and direct clinical begins with a placement determination workgroup meeting, the consumer is notified when a vacancy becomes available, a staffing occurs and the consumer is placed. This placement determination workgroup consists of the housing specialists, a clinical liaison, case manager, substance abuse, benefits and rehab specialist and any one else pertinent to the consumer's successful transition into the community. Appendix G describes activities that are currently underway at the Maricopa County RBHA that link services with housing.

3. Compare ADHS housing types with the Leff Report recommendations and other data sources by 11/1/02.

The following table describes the funding currently available in Maricopa County and compares the funding categories to the Leff report.

Table 1 Maricopa County Cost Analysis

All SMI Funding and Costs for the Year ending June 30, 2003

	(1)	
	<u>2003</u>	<u>Leff Report</u>
Revenue	\$ 235,236,248	
Expense		
Hospital	13,342,002	15,345,349
Residential	112,468,636	134,581,375
Rehabilitation	19,687,310	52,909,208
Treatment	15,075,787	15,382,116
Emergency	7,667,366	16,641,524
Support	28,573,079	34,190,903
Medication	<u>38,422,068</u>	<u>24,457,371</u>
Total Expense	<u>\$ 235,236,248</u>	<u>\$ 293,507,846</u>

Total Title XIX/XXI and Non-Title XIX funding.

⁽¹⁾ Unaudited financial projections for fiscal year.

As indicated, the Leff report predicted a need for \$134,581,375 to fund residential services, which includes both residential and housing services. ADHS through the Maricopa County RBHA has used \$112,468,636 of Title XIX and non-Title XIX funds to support housing and residential services in FY2003. This does not include funds available to class members through HUD Section 8 or other HUD funds paid directly to consumers or providers. Most of these funds are non-Title XIX since Medicaid does not pay for room and board in independent living and most residential settings. The comparison indicates an additional need of approximately \$22,000,000 in order to meet the Leff Report expectation. In Table 2, the Leff categories for residential services are described and compared to the current configuration of resources in Maricopa County. This includes the housing type, funding source, populations served and the number of units available. As indicated, the vast majority of our housing resources have been devoted to Independent Housing with Housing Subsidies.

Leff Report Category	Leff Report Description	Housing Type	Funding Source	Leff Prediction using Exit Stipulation Model	Units Available
Intensive Staff/Supervision	These programs focus on functional education to develop daily living skills. They are designed to provide a high level of staff involvement for those individuals requiring substantial skill training and support in a structure environment. These programs usually serve no more than 4 persons in a single location.	House and Apartment model	State/ComCare Trust and HB2003	206	402
Moderate Staff/Supervision	These programs are designed for individuals who require structure or verbal support to accomplish daily living skills, but do not require one to one attention to accomplish those tasks. These programs also include persons with substance abuse issues. The goal is to engage individuals in developing their own personal internal structure and control to live in the community. These programs usually serve no more than 4 persons in a single location.	Apartment model	HUD 811, HUD Section 202, ComCare Trust	738	160
Minimum Staff/Supervision	These programs serve individuals who are capable of handling non-crisis issues for a day or two until a scheduled staff visit. Staff visits include support and assistance, skills training, and consultation with individuals who are part of the resident's natural support network. These programs usually serve no more than 4 in a single location.	Apartment model	HUD 811, HUD Section 202, HB2003	775	189

Leff Report Category	Leff Report Description	Housing Type	Funding Source	Leff Prediction using Exit Stipulation Model	Units Available
Independent Living with Housing Subsidy	A setting where an individual can live either alone, with a relative, or friends in a home or apartment without ongoing supervision from mental health staff. There must be a sufficient array of stable, affordable housing, with subsidies to permit all individuals with SMI to live safely and permanently in the community.	Apartment model	HUD SHP, HUD S+C, HUD Mainstream, HUD 811, HUD Section 8/PHA/202, C.O.O.L, Community Builders, HB2003	2965	4208
Independent Living w/o Housing Subsidy	A setting where an individual can live either alone, with a relative, or friends in a home or apartment without ongoing supervision from mental health staff or subsidy	Own apartment or house		2894	11,853
Specialized Residential	These programs provide intensive support and/or skills training usually for no more than 4 residents with specialized service needs. Those served include: medically involved, geriatric, those with severe behavioral symptoms, and those with physical disabilities.	House and Apartment model	HUD 811, HUD 202 State/ComCare Trust and HB2003	323	39

4. Continue to explore and identify specialized programs and initiatives by 12/1/03.

ADHS and ValueOptions housing staff have identified and will continue to explore specialized housing programs and initiatives relating to the following specialized populations: ALTCS, individuals with sexually inappropriate behavior, individuals with co-occurring disorders, undocumented aliens and families. Several programs for these individuals have been developed in the past two years. These include: Tahitian Palms, Morten, and Morristown apartment complexes, and the COOL Program. Additional specialized programs will be developed as necessary.

5. Review ADHS housing types with key stakeholders by 1/1/04.

ADHS and ValueOptions have planned to present the details of this plan after review by the Monitor and Plaintiff's to a variety of community stakeholders. Additional information obtained from these presentations will be used to adjust the plan.

VIII. Examine Best Practices in Housing

1. Using the results of the CMHS Housing Study determine the environmental factors which are critical for housing location and successful outcomes by 1/1/04.

Currently, ADHS and the Arizona State University are examining the data from the Arizona study population to determine the environmental factors (neighborhoods, proximity of transportation, crime rate, employment rates, etc.) to determine the factors that were most likely to predict positive housing outcomes. The results of the study will be available by January 2004 and will be used to guide future housing acquisition.

2. Using the results of the CMHS Housing Study and available research, determine the types of housing programs that have proven to result in the best outcomes for individuals with a serious mental illness by 1/1/04.

The results of the CMHS housing study are currently being analyzed by Vanderbilt University. The findings are expected to be released within the year. These findings will assist in guiding future housing development activities. The preliminary results indicate that individuals who received either independent housing with supports or traditional residential housing experienced a significant reduction in hospitalization, emergency room visits and time in jail. The individuals in independent housing were generally more satisfied and the cost of independent housing was also lower. These results have been used to guide our HB 2003 initiative.

3. With the assistance of ADOH, examine a variety of national service linkages and management structures that could be employed to improve consumer outcomes by 1/1/04.

ADHS and the Maricopa County RBHA will be using the ADOH technical assistance function to develop additional service linkages and management structures.

Conclusion

The inclusion of housing in the Arizona array of publicly funded behavioral health services available to class members has increased the efficacy and outcomes the system achieves. While Title XIX supports the system's psychiatric services, housing services have to rely on a variety of resources for funding. As a result, ADHS and RBHA staff engage in a continuous search for resources to support housing services.

As the primary conduit for federal resources to create housing, HUD programs play a central role in the development and maintenance of the continuum of housing services available to class members. As the preponderance of these programs subsidize housing for class members, they fit well with the ADHS' and RBHA's philosophies, which emphasize supporting class members in their own homes. Consequently, ADHS and RBHA staff will continue to pursue HUD funding and will provide matching funds as necessary.

ADHS and the Maricopa County RBHA have experienced a great deal of success using funding provided by HB 2003 and plan on expanding this model to increase the amount of housing that is totally under state control. Because the state controls the housing, it bypasses Crime-Free Housing programs, and provides class members with criminal histories access to suitable housing. Furthermore, when persons decompensate or exhibit behavioral symptoms, housing staff do not have to notify property managers or landlords, which prevents evictions. Finally, state control of housing affords class members who live there a degree of stability otherwise unachievable, thereby facilitating their recovery.

The use of state funds to purchase houses and apartments for class members may also emerge as an extremely cost-effective approach to providing housing. Housing costs under the HB2003 program are \$311 per month per class member. This cost compares favorably with the average monthly rent on the Phoenix area of \$540 or the cost of inpatient services in the Arizona State Hospital or other community hospital.

Based on these preliminary results, the ADHS will adopt the purchase of permanent housing with state funds as the primary method of developing and expanding housing for class members. In adopting this strategy, both organizations recognize its' inherent limitations, as well as the need to continue to pursue all of the potential sources of housing resources described in this plan. However, a realistic weighing of the limitations of each of the funding sources described here in comparison with both the level of need and the urgency of the need for housing for class members makes this the most responsible course of action.

In addition to state funding, ADHS and RBHA staff will continue to explore opportunities to utilize the new covered service matrix to support housing opportunities for persons with serious mental illness. ADHS will also work with the Maricopa County RBHA to develop internal resources and knowledge in the area of housing. Finally, ADHS will aggressively pursue opportunities to develop housing options in collaboration with other units of state and local government.

Appendix A: References

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Appendix B: Definitions

AAF	Annual Adjustment Factor
ABC	Arizona Behavioral Health Corporation, non-profit housing agency contracted by the RBHA to serve as grantee for HUD grants.
ADHS Requirements	Acts and forbearances pertaining to mental health services funded in whole or in part by ADHS specified in the ADHS/BHS manual or under any provisional, interim, temporary or final rules and regulations of ADHS.
Adult Residential	24-hour, to 16-hours of supervised residential housing with services.
AHCCCS	Arizona Health Care Cost Containment System as defined in A.R.S. §36-2901, <u>et. seq.</u>
AHCCCS Requirements	Those acts and forbearances pertaining or relating to mental health services funded in whole or in part by Title XIX, specified under the AHCCCS Mental Health Policy Manual or required under any provisional, interim, temporary or final rules and regulations promulgated by AHCCCSA.
ADOC	Arizona Department of Commerce--the department of Arizona State Government that previously administered various funding programs for housing, including the Housing Trust Fund.
AMI	Area Median Income
Arizona Department of Housing	Newly created state housing department formerly in the Arizona Department of Commerce, Office of Housing and Infrastructure Development. This is a stand-alone department devoted solely to housing that opened October 2002.

ARLTA	Arizona Residential Landlord/Tenant Act governs the rules and regulations regarding landlord and tenant activities as per Arizona revised statutes Title 23, Chapter 10, Title 12, Chapter 8, Article 4.
Arnold v. ADHS Provisions	Those terms, provisions and conditions set forth in the <u>Arnold v. ADHS</u> lawsuit.
A.R.S.	The Arizona Revised Statutes, as amended.
Budget Term	The period of time within a Contract Year for which funds have been allocated to the Provider under this subcontract as indicated in Schedule I.
Case Manager	Any person designated by the RBHA as responsible for the provision of Case Management Services.
Case Management Services	Those services which shall include, but not be limited to, generally assessing the need for, locating, assessing, providing (if applicable), and monitoring the provision of covered services to participants to whom case management services are to be provided as required by the State.
CHAS	Comprehensive Housing Affordability Study
CFR	Code of Federal Regulations
Clean Claim	A claim that can be processed without obtaining additional information from the Provider or from a third party. Clean Claim does not include claims under investigation for fraud or abuse or claims under review for medical necessity.
Contract	Contract between housing provider and ValueOptions effective as of May 1, 1999 for the provision of housing programs.
Covered Services	Provider services that are listed in the Covered Services Manual.

DBHS	The Division of Behavioral Health Services within ADHS
DV	Domestic Violence
Direct Member Expense	Rent subsidy, assistance with security, pet or utility deposits, vacancy and damage claim payments, and any other costs directly related to member housing costs that are approved by RBHA.
Disabled Individual	An adult who has a disability.
Disability	Disability as defined in section 223 of the Social Security Act; mental, or emotional impairment that is expected to be of long-continued and indefinite duration; substantially impedes an individual's ability to live independently; is of such a nature that such ability could be improved by more suitable housing conditions; a developmental disability as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act; or the disease of Acquired Immunodeficiency Syndrome (AIDS) or any conditions arising from the etiologic agency for Acquired Immunodeficiency Syndrome.
FHA	Fair Housing Act - Title VIII of the 1968 Civil Rights Act as amended.
FMR	Fair Market Rent established by HUD in accordance with 24 CFR 888, including utilities (except telephone), ranges and refrigerators, and all maintenance, management, and other services, that would be required to be paid in order to rent privately owned decent, safe and sanitary rental housing of a modest (non-luxury) nature with suitable amenities in the market area. FMRs for existing housing are published annually in the Federal Register.
FAMILY	Participant and one or more members of a household who would regularly live with the participant.

FSS	Family self-sufficiency
Grant Year	The 12-month period following the opening of the project by HUD.
HAP	Housing Assistance Payments: The contract amount agreed upon between the housing provider and owner for subsidized rent payments.
Homeless	<p>The U.S. Department of Housing and Urban Development (HUD) considers a person homeless only when he/she resides in one of the places described below:</p> <ul style="list-style-type: none"> a) in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings; or b) in an emergency shelter; or c) in transitional or supportive housing (for homeless persons who originally came from the streets or emergency shelter) ; or d) in any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution; or e) is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing; or f) being discharged within a week from an institution in which the person has been a resident for more than thirty consecutive days and no subsequent residence has been identified and he/she lacks the resources and support networks needed to obtain housing. <p>This term does not include any individual imprisoned or otherwise detained under an Act of Congress or a State Law.</p>
HQS	Housing Quality Standards used by the federal government that relate to requirements as to the quality and condition of housing that are prerequisites to a housing subsidy for the unit.

Housing Administrator	Non-profit organization contracted by the RBHA to administer housing grants and programs.
Housing Referral	A referral to ValueOptions for the provision of covered services to an eligible member. The Housing Referral will constitute the agreement of the provider to provide covered services as set forth herein. Housing Referrals will be in such form and format and by such means as determined by ValueOptions.
HUD	US Department of Housing and Urban Development (HUD) is the department of the federal government that provides funding for housing and support programs.
Independent Living	A living situation in which a person requires no supports to maintain their housing.
ILS	Independent Living Skills, a support service provided by one or more agencies that are subcontracted by ValueOptions.
ISP	Individual Service Plan prepared for an adult by a designated clinical team or case manager for a member.
Material Breach	With respect to any breach by the provider, a breach (including a breach that is of an inadvertent, technical or isolated nature and that is not capable of correction or that is capable of correction but in fact is not corrected) that is or represents an impediment to any service to be provided to members hereunder or a threat with intrinsic economic or other consequences to HUD, ADHS, RBHA, ValueOptions, the provider or any member.
Management Fees	The contracted rate at which the Provider will be paid for direct service and administrative costs, including: salaries, fringe benefits, professional and outside consultants, occupancy, overhead and other contractor operational costs.

Non-Provider Affiliated	A person who is not an officer, employee or agent of the provider and is not a director of the provider.
Operating Costs	Expenses incurred by a recipient operating supportive housing with respect to administration (including staff salaries), maintenance, repair and security for the supportive housing; utilities, insurance, fuel, furnishings, and equipment for the supportive housing; conducting an on-going assessment of the supportive services needed by residents and the availability of such services; the cost of repairs for damages to the property caused by the participant, but not to exceed one month's rent; and other costs associated with operating the supportive housing.
Operations Manual	This manual of policies and procedures regarding the operation of the ValueOptions housing programs.
Outpatient Services	Outpatient mental health services, outpatient substance abuse services, and case management.
Participant	An eligible person who has been selected to participate; a person determined eligible by ValueOptions policy to receive covered services from the provider paid for in whole from funds available to the provider under this subcontract.
PBA	Project-Based Assistance
Permanent Housing	Community-based housing available to homeless persons with disabilities and provides long-term housing and supportive services.
PHA	Public Housing Authority
Program	Refers to the specific program(s) that an applicant/participant has applied for or the specific housing program that the applicant/participant is a participant of. The manual covers all of these.

Project-based Rental Assistance

Project-based rental assistance provides grants for rental assistance to the owner of an existing structure, where the owner agrees to lease the subsidized units to participants. Participants do not retain rental assistance in the event they move.

PS

Payment Standard

QHWRA

Quality Housing Work Responsibility Action

RBHA

Regional Behavioral Health Authority

Rehabilitation

The improvement or repair of an existing structure or an addition to an existing structure that does not increase the floor area by more than 100 percent. Rehabilitation does not include minor or routine repairs.

RLA

Request for Lease Approval

Seriously Mentally Ill (SMI)

Those adult persons whose emotional or behavioral functioning is so impaired as to interfere with their capacity to remain in the community without supportive treatment. The mental impairment is severe and persistent and may result in a limitation of the individual's functional capacities for primary activities of daily life. Such individuals shall meet the criteria as established by ADHS/BHS within the "Check List for Seriously Mentally Ill Determination."

Service Provider

A person or organization licensed or otherwise qualified to provide supportive services, either for profit or not for profit.

Shall

What is mandatory

Sponsor-based Rental Assistance

Sponsor-based rental assistance provides a subsidy for rental assistance through contracts between the grantee and contracted sponsor organization. A sponsor may be a private nonprofit organization or a community mental health agency established

	as a public nonprofit organization. Participants reside in housing owned or leased by the sponsor.
SRO	Single Room Occupancy
Stargate Project (Stargate)	A community partnership of Maricopa County non-profit human service agencies and government organizations addressing the needs of the chronic homeless. The coalition was developed in 1995 in an effort to provide comprehensive services through a McKinney U.S. Department of Housing and Urban Development (HUD) grant. The partnership seeks to fill gaps in the community's response to homelessness and develop plans for housing. The goals of Stargate are to establish and provide a continuum of services to applicants which will increase applicant independence, reduce applicant isolation, improve the medical condition of applicants, increase the skill level of members, and stabilize members' housing. Providers will use mainstream services such as income supports, mental health services, and substance abuse treatment and community programs.
State	The State of Arizona
Supportive Housing	Housing in conjunction with which supportive services are provided for homeless persons if the housing is safe and sanitary and meets any applicable State and local housing codes and licensing requirements in the jurisdiction in which the housing is located and the requirements of this part; and the housing is Transitional housing; Permanent housing for homeless persons with disabilities; or is a part of, a particularly innovative project for, or alternative method of, meeting the immediate and long-term needs of homeless persons.
Supportive Services	Services designed to address the special needs of the homeless persons to be served by the project. Supportive services may

	<p>include, but are not limited to establishing and operating an employment assistance program; providing outpatient health services, food and case management; providing assistance in obtaining permanent housing, employment counseling and nutritional counseling; providing security arrangements necessary for the protection of residents of supportive housing and for homeless persons using the housing or services. Providing assistance in obtaining other Federal, State and Local assistance available for such residents including mental health benefits, employment counseling, Veterans' benefits, medical assistance, but not including major medical equipment and income support assistance, such as Supplemental Security Income benefits, Aid to Families with Dependent Children, General Assistance and Food Stamps; providing assistance to obtain permanent housing, housing subsidies and other entitlements such as income support, food and medical assistance. Other services as appropriate.</p>
Tenant	<p>The eligible member to whom housing services are provided by the provider under this agreement.</p>
Tenant-Based Housing	<p>A scattered-site program in which the tenant holds the lease and is directly responsible to the owner of the property. The housing provider has a written housing assistance payments contract with the owner. This program is comparable to the HUD Section 8 Existing Housing Certificate Program, but with modifications to meet the needs of persons who are Seriously Mentally Ill.</p>
Tenant-Based Unit	<ol style="list-style-type: none"> 1) Lease held by Participant with Landlord/Owner 2) Lease held with Landlord /Owner by Housing Provider.
Tenant-based Rental Assistance	<p>Tenant-based rental assistance provides subsidy for rental assistance at scattered sites, which permits participants to choose</p>

	<p>housing of an appropriate size in which to reside. Participants retain the rental assistance in the event they move. In order to address individual participant needs, two categories have been designed under this model:</p> <ol style="list-style-type: none"> 1. Lease held by Participant: under this category the participant secures the lease in his/her name and has the primary contact with landlord for all issues as the lessee. 2. Lease held by Housing Provider: under this category the participant chooses a place to reside, and for clinical, legal or credit history reasons the landlord requires someone other than the participant to sign the lease. In this case the Service Provider holds the lease in the agency's name for the participant to reside. The Service Provider has the primary contact with the landlord for all issues as the lessee.
TPP	Total Participant Payment--amounts the provider shall charge or allow to be charged from the Tenant or occupant for housing-related costs, such as: share of rent, repayments of loans, repayment of other expenses incurred on behalf of the Tenant or occupant, utility charges including telephone costs, security deposits, and vacancy and damage charges.
Transitional Housing	Housing services that facilitate the movement of homeless individuals and families to permanent housing. A homeless individual may stay in transitional housing for a period not to exceed 24 months.
Wait List	A list maintained by either ValueOptions or ABC listing in date of application order the applicants waiting to be housed.
24 CFR Part 582 – 24 CFR Part 583 –	Shelter Plus Care Program Supportive Housing Program

Appendix C: SPAH PLAN

Goal 1: Lay the groundwork for systems change through planning, development, implementation and evaluation.

Objective(s)	Strategy/Action	Expected Outcomes	Benchmarks
<u>1.1</u> Gain buy-in of local communities for planning and activities that focus on improving access to mainstream resources for persons who are chronically homeless.	<u>1.1.1</u> Solicit input thorough the continuums of care and other local planning groups. <u>1.1.2</u> Establish a feedback mechanism between the communities, planning groups and elected officials.	<u>1.1.1</u> CoCs and local area input incorporated into actions/plans. <u>1.1.2</u> Increased statewide participation and ownership of this plan.	<u>1.1.1</u> A forum for input established by each of the three continuums. <u>1.1.2</u> Communication between planning groups, such as CoCs, SPAH, and local communities.
<u>1.2</u> Collect comprehensive data and information to guide decision-making that impacts services to those who are chronically homeless.	<u>1.2.1</u> Assess mainstream service system. <u>1.2.2</u> Identify laws/regulations that negatively impact the provision of mainstream services. <u>1.2.3</u> Develop a pilot project to produce cost data. <u>1.2.4</u> Establish an inventory of best practices.	<u>1.2.1</u> Identification of issues associated with access to mainstream services. <u>1.2.2</u> Identification of legal and regulatory impacts, barriers and needed changes. <u>1.2.3</u> Cost of managing homelessness versus preventing homelessness through integrated services. <u>1.2.4</u> Adoption of best practices.	<u>1.2.1</u> Identification of mainstream services and utilization rates. <u>1.2.2</u> Create proposal of recommended changes to laws/regulations that pose barriers. <u>1.2.3</u> Cost/benefit data completed. <u>1.2.4</u> Evaluation of potential models and strategies completed.
<u>1.3</u> Develop long-term data sources to capture information on persons who are chronically homeless.	<u>1.3.1</u> Implement HMIS. <u>1.3.2</u> Develop an evaluation tool. <u>1.3.3</u> Identify and collect other related data sources.	<u>1.3.1</u> More comprehensive data. <u>1.3.2</u> A means to measure effectiveness of programs. <u>1.3.3</u> More comprehensive data on those who use or will use and agencies providing or not providing	<u>1.3.1</u> Summary of data on population served. <u>1.3.2</u> Baseline evaluation data on programs. <u>1.3.3</u> Create an inventory of related service data.

Objective(s)	Strategy/Action	Expected Outcomes	Benchmarks
		services.	
<u>1.4</u> Maximize the use of funding/resources to expand or enhance services to those who are chronically homeless.	<u>1.4.1</u> Identify untapped federal fund sources.	<u>1.4.1</u> Plans made to tap unused federal fund sources.	<u>1.4.1</u> Review and summary of federal funds usage by state department.
	<u>1.4.2</u> Identify creative opportunities around funding of categorical programs including state set-asides and braided funding.	<u>1.4.2</u> Opportunities seized that maximize categorical funding.	<u>1.4.2</u> Summary of information on categorical programs and state set-asides and braided funding.
	<u>1.4.3</u> Assist agencies in applying for new federal and private grant monies.	<u>1.4.3</u> Expansion or enhancement of services with federal or private monies.	<u>1.4.3</u> Prospect list compiled.
<u>1.5</u> Enhance education and advocacy opportunities on issues impacting those who are chronically homeless.	<u>1.5.1</u> Educate system leaders and elected officials on benefits of service integration for people who are chronically homeless.	<u>1.5.1</u> Better coordination and improved access to mainstream resources.	<u>1.5.1</u> Track included in ACEH conference.
	<u>1.5.2</u> Conduct trainings for field staff frontline staff, etc., geared to improving access to mainstream services.	<u>1.5.2</u> Increase in linkages with mainstream service providers.	<u>1.5.2</u> Relationships established with Federal VA and US Vets centers.
	<u>1.5.3</u> State Dept of Veterans Services liaison with Federal VA and US Vets centers to determine potential linkages with other mainstream programs.	<u>1.5.3</u> Obtain leadership buy-in from state agency stakeholders and mainstream service providers.	<u>1.5.3</u> Create advisory groups with membership that supplements SPAH.
	<u>1.5.4</u> Elevate visibility of State Planning to Address Homelessness (SPAH).	<u>1.5.4</u> SPAH becomes an interagency coordinating Council (ICC) with authority to take action to fight homelessness.	<u>1.5.4</u> Executive Order delineating responsibility and authority of SPAH signed by the Governor.
	<u>1.5.5</u> Revive the Joint Legislative Committee on	<u>1.5.5</u> Provide a forum for high-level visibility discussion on issues impacting persons who are chronically homeless.	<u>1.5.5</u> JLCH extended.

Objective(s)	Strategy/Action	Expected Outcomes	Benchmarks
	Homelessness (JLCH) to champion the issue.		
<u>1.6</u> Increase consumer involvement in efforts to promote systems change.	<u>1.6.1</u> Promote consumer involvement on all levels; including invitations to meetings, surveys, etc.	<u>1.6.1</u> Consumer input and buy-in and systems that are responsive to consumers.	<u>1.6.1</u> Consumer input received at meetings and development of a Speakers Bureau.
<u>1.7</u> Develop a housing strategy to improve access to housing for those who are chronically homeless.	<u>1.7.1</u> Evaluate current housing stock. <u>1.7.2</u> Increase existing rental subsidy stock for persons who are chronically homeless. <u>1.7.3</u> Identify funding sources for ongoing project-based assistance. <u>1.7.4</u> Implement HMIS and use data to design programs and projects that facilitate housing options. <u>1.7.5</u> Ensure people who are chronically homeless are a priority in the point system for low-income housing tax credit. <u>1.7.6</u> Maximize access to benefits to provide rent money. <u>1.7.7</u> Address NIMBY issues affecting housing. <u>1.7.8</u> Develop a new Housing First project.	<u>1.7.1</u> Information on current stock and condition of existing structures. <u>1.7.2</u> Increase in housing options. <u>1.7.3</u> Increase in funding for project-based assistance. <u>1.7.4</u> Programs and projects that facilitate housing are tailored to needs of persons who are chronically homeless. <u>1.7.5</u> Projects that facilitate access to housing for persons who are chronically homeless receive preference. <u>1.7.6</u> Increase in persons obtaining housing. <u>1.7.7</u> Increase in Housing Options. <u>1.7.8</u> Increase in housing options through Housing First project.	<u>1.7.1</u> Inventory developed. <u>1.7.2</u> Exploration of creative ways to develop rental subsidies <u>1.7.3</u> Development of a proposal to utilize fund sources. <u>1.7.4</u> Statewide database developed to place people in housing. <u>1.7.5</u> Project preference implemented. <u>1.7.6</u> Coordinate access to benefits. <u>1.7.7</u> Identification of NIMBY issues and recommend changes to overcome issues. <u>1.7.8</u> Housing First new project funded.
<u>1.8</u> Provide technical assistance for agencies	<u>1.8.1</u> Identify opportunities to provide technical assistance,	<u>1.8.1</u> Statewide agencies take a broader role in facilitating and	<u>1.8.1</u> Summary of technical assistance needs.

Objective(s)	Strategy/Action	Expected Outcomes	Benchmarks
interested in expanding or enhancing services to persons who are chronically homeless.	such as for expanding or enhancing housing options.	providing technical assistance to nonprofits.	

Goal 2: Integration and coordination to improve access to mainstream resources for people experiencing chronic homelessness.

Objective(s)	Strategy/Action	Expected Outcomes	Benchmarks
<u>2.1</u> Reduce and remove barriers to mainstream services and programs.	<u>2.1.1</u> Identify most appropriate strategies or service teams approach for Arizona, such as integrated service teams, one-stop shop, Arizona's No Wrong Door and individual service plans that promote client engagement. <u>2.1.2</u> Promote integration of service systems.. <u>2.1.3</u> Develop a pilot project for a day resource center.	<u>2.1.1</u> Client-focused systems change that improves access to resources. <u>2.1.2</u> Decrease in administrative costs for mainstream service providers and an increase in customer service through decreased reporting requirements for clients and other service providers. <u>2.1.3</u> Streamlined access to services and benefits determination for persons who are chronically homeless.	<u>2.1.1</u> Implementation of appropriate strategies. <u>2.1.2</u> Identify opportunities to blend/braid funding and establish universal application processes across service systems. <u>2.1.3</u> Day Resource Center established in Maricopa County.
<u>2.2</u> Expand outreach efforts to better link persons who are chronically homeless to mainstream services.	<u>2.2.1</u> Coordinate outreach teams. <u>2.2.2</u> Establish more outreach teams statewide. <u>2.2.3</u> Expand capability of outreach teams through interdisciplinary teams.	<u>2.2.1</u> Improved coordination, supported by HMIS and a decrease in duplication of services and an increase in activities that lend to a client-centered delivery system. <u>2.2.2</u> Increase in the number	<u>2.2.1</u> Infrastructure created that coordinates activities of outreach teams. <u>2.2.2</u> Relationships established with chronically homeless persons. <u>2.2.3</u> Coordinated assessment of clients needs

Objective(s)	Strategy/Action	Expected Outcomes	Benchmarks
		<p>of chronically homeless persons accessing mainstream services.</p> <p><u>2.2.3</u> Expedited identification of individual client's service needs.</p>	
<p><u>2.3</u> Maximize participation in mainstream services and programs.</p>	<p><u>2.3.1</u> Improve process for SSI determination for persons who are homeless or are at risk of homelessness.</p> <p><u>2.3.2</u> Improve process for obtaining medical benefits for persons who are homeless or are at risk of homelessness.</p> <p><u>2.3.3</u> Improve process for food stamps and other cash assistance for persons who are homeless or are at risk of homelessness.</p>	<p><u>2.3.1</u> Expedited access to Federal SSI benefits.</p> <p><u>2.3.2</u> Expedited access to medical benefits.</p> <p><u>2.3.3</u> Expedited access to food stamps and other cash assistance.</p>	<p><u>2.3.1</u> Relationships established and meetings held with SSI benefits representatives.</p> <p><u>2.3.2</u> Relationships established and meetings held with AHCCCS.</p> <p><u>2.3.3</u> Relationships established and meetings held with ADES/FAA.</p>

Goal 3: Prevent homelessness through comprehensive discharge planning

Objective(s)	Strategies/Actions	Expected Outcomes	Benchmarks
<u>3.1</u> Implement systems change with stakeholders involvement.	<u>3.1.1</u> Develop consumer focused discharge policies across various systems (hospitals/jails/prisons/mental institutions and foster care system). <u>3.1.2</u> Change Medicaid status from termination to suspension when being returned to an institution (i.e. jails/prison/state hospital and other managed care). <u>3.1.3</u> Encourage discharge planning from shelters to housing.. <u>3.1.4</u> Develop statewide advisory commission around discharge planning policies. <u>3.1.5</u> Develop and implement presumptive eligibility processes.	<u>3.1.1</u> Decrease in persons released homeless from institutions. <u>3.1.2</u> Continuous medical coverage for eligible persons. <u>3.1.3</u> Decrease in persons released to homelessness from shelters. <u>3.1.4</u> Forum to receive information on discharge planning policies. <u>3.1.5</u> Persons in institutions linked to mainstream resources prior to release.	<u>3.1.1</u> Discharge planning policies implemented. <u>3.1.2</u> Policies and practices implemented that support suspension versus termination of medical coverage. <u>3.1.3</u> Shelters provide listing or information on other shelter/housing options for persons leaving their shelter. <u>3.1.4</u> Advisory Commission established. <u>3.1.5</u> Presumptive eligibility policies and processes established by stakeholders and a pilot project established with ADOC and the Arizona State Hospital.
<u>3.2</u> Develop and enhance education and advocacy opportunities.	<u>3.2.1</u> Educate institutions on needs to develop a discharge planning policy. <u>3.2.2</u> Promote exemplary practices for discharge planning utilized by other communities. <u>3.2.3</u> Identify laws/regulations and practices that create	<u>3.2.1</u> Institutional buy-in on need for discharge planning policies. <u>3.2.2</u> Increased awareness of models and exemplary practices on need for discharge planning policies and practices. <u>3.2.3</u> Identification of legal/regulatory and	<u>3.2.1</u> Draft policies crafted. <u>3.2.2</u> Compile information on models and exemplary practices. <u>3.2.3</u> Create proposal of recommended changes to laws/regulations and practices that pose barriers.

Objective(s)	Strategies/Actions	Expected Outcomes	Benchmarks
	barriers to discharge planning, such as crime free housing practices.	policy/practice impacts and needed changes.	
<u>3.3</u> Increase consumer involvement.	<u>3.3.1</u> Engage consumers to assist in creating or reviewing plans to prevent homelessness through discharge planning.	<u>3.3.1</u> Consumer driven discharge-planning practices.	<u>3.3.1</u> Consumers participate in meeting/s, surveys or other creative strategies to provide input on discharge planning.
<u>3.4</u> Develop tools to assist persons being discharged from institutions/care who are at risk of homelessness.	<u>3.4.1</u> Create an ex-offenders resource guide. <u>3.4.2</u> Ensure youth aging out of foster care have access to resources provided through Foster Chaffee Care Act. <u>3.4.3</u> Increase number of respite beds and youth group homes available in the community.	<u>3.4.1</u> Increase in linkage with available resources. <u>3.4.2</u> Increase in youth's awareness of options for services, education and housing. <u>3.4.3</u> Decrease of persons discharged to homelessness.	<u>3.4.1</u> Resource guide created and distributed. <u>3.4.2</u> Meet with DES/ACYF and determine what information is provided to youth upon aging out of foster care. <u>3.4.3</u> Establishment of additional youth group homes and respite beds.
<u>3.5</u> Collect data and information.	<u>3.5.1</u> Identify stakeholders and impacted institutions. <u>3.5.2</u> Identify percentage of population being released to homelessness from institutions (Shelter/hospitals/jails/prisons/mental health	<u>3.5.1</u> Decrease of people being released to homelessness. <u>3.5.2</u> Data for decision-making that supports need for discharge planning. <u>3.5.3</u> Data for decision-making that supports need for discharge planning.	<u>3.5.1</u> Adoption of comprehensive discharge planning policies. <u>3.5.2</u> Compilation of baseline data on population. <u>3.5.3</u> Compilation of baseline data on costs and benefits of discharge planning. <u>3.5.4</u> Tool developed to

Objective(s)	Strategies/Actions	Expected Outcomes	Benchmarks
	<p>institutions and foster care systems).</p> <p><u>3.5.3</u> Conduct cost/benefit analysis.</p> <p><u>3.5.4</u> Measure outcomes of discharge planning efforts.</p> <p><u>3.5.5</u> Use HMIS to produce data on homeless recidivism and utilization of mainstream programs and services.</p>	<p><u>3.5.4</u> Implementation of successful discharge planning strategies.</p> <p><u>3.5.5</u> Determine those at risk of homelessness.</p>	<p><u>3.5.5</u> measure success of discharge planning efforts. Pilot project in an institution to produce utilization data.</p>

Goal 4: Develop a Housing First approach for people experiencing chronic homelessness.

Objective(s)	Strategies/Action(s)	Expected Outcomes	Benchmarks
<u>4.1</u> Develop a new Housing First project focusing on persons who are chronically homeless.	<u>4.1.1</u> Apply for grant funding to support a new project.	<u>4.1.1</u> More funding for coordinated projects that increase services and housing options for persons who are chronically homeless.	<u>4.1.1</u> Grant application/s submitted to Federal sponsors by 4/24/03.
<u>4.2</u> Establish additional Housing First project/s.	<p><u>4.2.1</u> Identify funding opportunities.</p> <p><u>4.2.2</u> Target HUD Continuum of Care bonus project/s to Housing First projects.</p> <p><u>4.2.3</u> Target State Housing Fund and state special projects for Housing First project/s.</p> <p><u>4.2.4</u> Leverage new money to provide services.</p>	<p><u>4.2.1</u> Increase in services and housing options for persons who are chronically homeless.</p> <p><u>4.2.2</u> Same as <u>4.2.1</u>.</p> <p><u>4.2.3</u> Same as <u>4.2.1</u></p> <p><u>4.2.4</u> Better coordination and integration.</p>	<p><u>4.2.1</u> Prospect list developed.</p> <p><u>4.2.2</u> Submit Housing First bonus projects to HUD.</p> <p><u>4.2.3</u> Funding targeted for Housing First project/s.</p> <p><u>4.2.4</u> Collaboration through braided or blended funding.</p>
<u>4.3</u> Promote the Housing First concept throughout Arizona.	<u>4.3.1</u> Develop a marketing strategy.	<u>4.3.1</u> Increase in acceptance of Housing First model.	<u>4.3.1</u> Outline of strategy developed.

Objective(s)	Strategies/Action(s)	Expected Outcomes	Benchmarks
	<u>4.3.2</u> Publicize concept through Continuums of Care and other local planning venues. <u>4.3.3</u> Publicize existing successes. <u>4.3.4</u> Educate stakeholders by bringing in outside experts. <u>4.3.5</u> Gain buy-in for a Housing First model at the state level from mainstream service providers.	<u>4.3.2</u> Same as <u>4.3.1</u> <u>4.3.3</u> Understanding of successful Housing First models. <u>4.3.4</u> Same as <u>4.3.1</u> . <u>4.3.5</u> Same as <u>4.3.1</u> .	<u>4.3.2</u> Information on concept shared at Continuum of Care meetings and in local planning meetings. <u>4.3.3</u> Information shared on exemplary practices in AZ. <u>4.3.4</u> Experts present at conference or meeting. <u>4.3.5</u> Discussion of concept at SPAH.
<u>4.4</u> Ensure consumer involvement in project development.	<u>4.4.1</u> Involve consumers in design and implementation of housing first projects.	<u>4.4.1</u> Project/s meet the needs of consumers to be served	<u>4.4.1</u> Consumer representative in attendance at meetings.

Appendix D: FY 2005 Preliminary Critical Issue Arnold v. Sarn

Department of Health Services

I. FY 2005 Critical Issue Budget Justification

PROGRAM/SUBPROGRAM: Division of Behavioral Health Services

ISSUE TITLE: *Arnold v. Sarn* – Supportive Housing

DESCRIPTION OF PROBLEM OR ISSUE:

In March 1981, a class action lawsuit (*Arnold v. Sarn*) was filed by the Arizona Center for Law in the Public Interest on behalf of a class of mentally ill adults alleging a breach of duty by Arizona Department of Health Services (ADHS), the Arizona State Hospital, and Maricopa County Board of Supervisors. In August 1986, the Maricopa County Superior Court Found the state had violated its statutory duty and, in 1989, the judgment was upheld in the Arizona Supreme Court. The state and county were ordered to establish a comprehensive system of community-based mental health care. The parties entered into a Stipulation on Exit Criteria and Disengagement (Exit Stipulation) in February 1996, and a Supplement Agreement was entered into in December 1998.

The *Arnold v. Sarn* lawsuit remains a continued priority for the Department. While significant efforts have been made to satisfy the requirements of the negotiated Exit Stipulations for this lawsuit, additional funds are necessary in order to develop needed services to meet the term of the lawsuit. The Final exit from this case and the eventual elimination of court oversight is contingent upon fulfilling the obligations set forth in the Exit Stipulation.

ADHS commissioned a study by the outside consulting firm, Human Services Research Institute (HSRI), to identify the level, intensity, amount, and cost of additional services needed to meet the requirements of the Exit Stipulation. The report released by HSRI in July 1999, entitled Arizona Services Capacity Planning Project (*The Leff Report*), estimated that it would require annual funding of \$316,988,474 to provide a comprehensive, full capacity mental health system for Maricopa County alone. Of this amount \$293,507,846 is required for services and medications. The balance of the required funding is for administrative cost.

One of the services in *The Leff Report* and essential for success in all programs is safe and affordable housing since individuals with a serious mental illness constitute a significant portion of the homeless population in Arizona. Nationally, this group represents 19-25 percent of the homeless population.

- Individuals with serious mental illness have a history of repeated high incidence of homelessness and have the highest degree of vulnerability of any homeless population group. In addition, a significant number of individuals with serious mental illness live in inadequate and unsupported settings that exacerbate their mental health conditions. Many individuals spend a great deal of time in jail settings for violating trespassing or panhandling ordinances.

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- Serious mental illness is in many cases a lifelong medical condition, where many member of this group are unable to maintain employment to achieve self-sufficiency and are in need of permanent supportive housing for long portions of their lives.
 - Residential stability in independent living situations is a key factor in reducing and/or eliminating homelessness for this population and in achieving long-term control over their mental illness.

In recognition of the importance of stable housing for homeless individuals with a serious mental illness, the Department's Division of Behavioral Health has aggressively sought federal Housing and Urban Development (HUD) Homeless Assistance funding. This effort has resulted in successfully obtaining over 1,300 units of permanent supportive housing and effectively removing over 1,300 homeless people from the streets and shelters of Arizona. The Department has partnered with the Governor's Office of Housing and the Regional Behavioral Health Authorities to be the single most active and successful group in obtaining HUD funding for the homeless. However, the homeless population, including those with a serious mental illness, continues to increase.

The growth in the seriously mentally ill population has increasing numbers of individuals who qualify for Title XIX as a result of Proposition 204, a voter initiative that expanded the definition of an eligible person for the Arizona Health Care Cost Containment System to include any person with an income level up to 100% of the Federal Poverty Level. This growth in Title XIX eligible clients, however, has not helped to address the funding needs for housing since housing is not a service covered under Title XIX.

While the Department did receive a one-time \$50 million appropriation from Tobacco Settlement monies (Laws 2000, 5th Special Session, Chapter 2-H.B. 2003) to provide community housing, vocational rehabilitation and other recovery support services to persons with serious mental illness, this funding will not achieve all of the housing needs for the seriously mentally ill.

PROPOSED SOLUTION TO THE PROBLEM OR ISSUE:

The Department proposes to continue the incremental funding of programs and services to satisfy the requirements of the Exit Stipulation(s) of the *Arnold v. Sarn* Lawsuit. The Department's Division of Behavioral Health Services has begun to develop the full array of services for individuals with a serious mental illness as defined in the Exit Stipulation and to fund and develop services in accordance with the Strategic Plan priorities as required in the Supplemental Agreement to the Exit Stipulation.

Because current funding falls short of covering housing assistance needs, the Department had requested additional funding of \$20,188,100 in FY 2004. Since this funding was not obtained the issues mentioned in this report have continued. The cost of the rental assistance and supportive housing for one year for Title XIX/XXI eligible individuals is approximately \$10,474. For non-Title XIX/XXI individuals the cost is \$13,497. The requested \$40,376,200 will provide one year of housing and supportive services to 3,456 individuals. Of this group, 2,074 will be Title XIX/XXI eligible and 1,382 will be Non-Title XIX/XXI eligible. Included in the \$40,376,200 is \$31,536,000 for Rental Costs, \$4,662,600 for Housing Administrative and

Operating Costs, and \$4,177,600 for Community Living Support. (See attached Schedule.) By comparison, the annual cost for a resident of the Arizona State Hospital is nearly \$78,000. Other cost savings from providing supportive housing include reduced inpatient hospitalizations, fewer emergency room visits, and decreased incarcerations.

The requested \$40,376,200 in FY 2005 is the first and second year cost of three-year proposal. The entire three-year proposal would increase total funding by \$60,564,300 to meet *The Leff Report* annual service and medication funding requirements of \$293,507,846 from projection FY2003 expenditures of \$232,943,499.

Recommended Funding Source and Rationale Why:

The General Fund has been a traditional source of funding for state mandated programs.

Potential Other Funding Sources and Rationale Why or Why Not:

An alternative source would be the Tobacco Tax revenues. However, there may be insufficient revenues to meet existing statutory requirements.

ALTERNATIVES CONSIDERED AND REASONS FOR REJECTION:

There are no other alternatives available. No other potential sources of funding exist. Medicaid funding does not cover the cost of housing or rental assistance.

IMPACT OF NOT FUNDING:

Individuals with serious mental illness will remain homeless in Maricopa County and other individuals will be living in inadequate and/or unsafe housing. In addition, the expectation of the Exit Stipulation of the *Arnold v. Sarn* lawsuit will be extremely difficult to achieve without additional funding.

HOW THIS FURTHERS THE AGENCY MISSION OR GOALS:

The General fund support for the housing will help the Department accomplish the following goal, strategy and objective listed in its FY 2003-FY 2007 Strategic Plan:

- Goal: To ensure a comprehensive, unified behavioral health system for Arizonans.
- Strategy: Assurance that the behavioral health system provides accessible care to clients.
- Objective: Expand and enhance the statewide network of providers

PERFORMANCE MEASURES TO QUANTIFY THE SUCCESS OF THE SOLUTION:

ADHS tracks the number of individuals who are homeless in the CEDAR Data System. Implementing this program will reduce the number of individuals who are seriously mentally ill and homeless.

STATUTORY REFERENCE:

A.R.S. 36, Chapter 5 and the Arnold v. Sarn Exit Stipulation

EQUIPMENT TO BE PURCHASED IF APPLICABLE:

Not Applicable

CLASSIFICATION OF NEW POSITIONS:

Not Applicable

ANNUALIZATION (S):

Not Applicable

**Community Living Housing Expansion of Capacity
Proposed Rental Housing Usage**

Target population:	Adult Consumers with a serious mental illness
Number Served:	3,456
Rental Subsidy:	Apartment costs \$550 per month x 3,456 = \$1,900,800 x 12 months \$22,809,60 (using Fair Market Rents at \$550 per unit, from the 2001 Housing and Urban Development) Indirect Member housing costs (Based on historical information from the Maricopa County RBHA) Member start-up costs (\$225 each x 3,456) \$ 777,600 Initial furniture costs (approximately \$1,200 each x 3,456) 4,147,200 Yearly damages to unit (\$1,000 x 3,456) 3,456,000 Utilities, security deposits, etc. (\$100 x 3,456) <u>345,600</u> Subtotal – Indirect Costs \$8,726,400 <u>Total – Rental Costs</u> <u>\$31,536,000</u>
Housing Provider:	Landlord tenant relationships, lease requirements, maintaining and cleaning of units, rules of the Complex, application into the Section 8 Programs, inspection of units, rental payments by Housing Administrator includes Sponsor-Based and Tenant-Based Housing

Housing Provider Administrative costs \$75 per month x 3,456 - \$259,200 x 12 months = \$3,110,400
Housing Administration costs of approximately \$37.43 per month x 3,456 - \$129,358 x 12 months =
1,552,200

<u>Total – Housing Administrative and Operating Costs</u>	<u>\$ 4,662,600</u>
<u>Grand Total – Rental Subsidy¹</u>	<u>\$36,198,600</u>

Community Supports: Community Living Supports provided by contracted service providers include:
Independent and daily living skills, counseling, transportation, etc.:

<u>Total – Community Living Supports (1,382 x \$3,023)²</u>	<u>\$ 4,177,600</u>
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<u>Grand Total – Rental Subsidy and Community Supports</u>	<u>\$40,376,200</u>
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¹Rental Subsidy costs per person: \$10,474 (\$36,198,600 divided by 3,456).

²Only 1,382 consumers will receive Community Supports. Rental Subsidy at \$10,474 per person with
Community Living Supports costs at \$3,023
per person: total costs per person: \$13,497

Appendix E: Community Housing's Expansion of Capacity List
PROPOSED NON Title XIX USAGE (ComCare Trust)
Fiscal Year 2004

Project	Targeted Population	Anticipated Start Up date	Total Acquisition Cost	Housing Administrative and Operational Costs
Purchase four (4) homes - \$200,000 each. * (*Purchase price includes rehab and furnishing)	Sixteen (16) Arizona State Hospital Four in each home	June 2003	\$800,000	Housing administration and operating cost Covered by Covered Services (S) code
Purchase Eight (8) homes - \$200,000 each. * (*Purchase price includes rehab and furnishing)	Thirty-two (32) Adult Residential Four in each home	June 2003	\$1,600,000	Housing administration and operating cost Covered by Covered Services (S) code
Purchase Eight (8) homes - \$200,000 each. * (Purchase price includes rehab and furnishing)	Thirty-two (32) Inpatient Consumers Four in each home	June 2003	\$1,600,000	Housing administration and operating cost Covered by Covered Services (S) code
Purchase three small apartment complexes. Purchase price includes rehab and furnishing)	Residential, State Hospital, Inpatient and/or co-occurring consumers 1-2 in each unit	June 2003	\$1,367,600	Housing administration and operating cost Covered by Covered Services (S) code
Arizona Dept. of Housing	AZ Housing's administrative cost	May 2003		Provide Administrative Program oversight - total funds \$32,400 *

Of Properties

Twenty (20)

Number of units

212

Housing Costs

\$5,367,600

*Housing Administrative Costs Paid in full

\$32,400

II. Total Community Housing = \$5,400,000

Appendix F
**Interagency Service Agreement Between Arizona Department of Housing and Arizona
Department of Health Services**

INTERAGENCY SERVICE AGREEMENT

**Between
ARIZONA DEPARTMENT OF HOUSING
and
ARIZONA DEPARTMENT OF HEALTH SERVICES**

Contract # H530-03

THIS INTERAGENCY SERVICE AGREEMENT is entered into pursuant to Arizona Revised Statutes § 11-952 by and between the Arizona Department of Housing (hereinafter called "Housing"), and the Arizona Department of Health Services (hereinafter called "ADHS").

WHEREAS ADHS desires that Housing perform certain services as described in the scope of work attached hereto as Exhibit A and incorporated herein, and the Agency desires to perform such services upon and subject to the terms and conditions hereinafter set forth.

NOW, THEREFORE, the parties agree as follows:

ARTICLE I. SCOPE OF WORK. Housing shall use reasonable efforts to perform the services specified in Exhibit A attached hereto.

ARTICLE II. ASSIGNED STAFF. The Agency shall provide skilled staff for the tasks as indicated in Exhibit A.

ARTICLE III. PERIOD OF PERFORMANCE. This Agreement shall begin on March 1, 2003 and shall terminate on February 28, 2004. This Agreement may be modified or extended at any time by mutual written consent of both parties.

ARTICLE IV. SPECIAL PROVISIONS.

1. **Reimbursement.** ADHS will reimburse Housing through a transfer of \$32,400.00 in one lump sum as the total amount paid to housing to perform the responsibilities identified in this Agreement. ADHS has approximated that under this contract they expect to fund eight (8) single-family units and one (1) small multi-family complex, though the number of units may vary slightly from this estimate. \$32,400.00 constitutes the entire amount transferred under this Agreement unless housing development projects in excess of eleven (11) units are identified or the unit mix otherwise deviates significantly from expected units described above, at which time ADHS and Housing agree to renegotiate additional reimbursement to Housing for additional services. Housing will keep an accounting of project-related reimbursements for these fees. When this ISA ends or is terminated, Housing shall return any unspent funds to ADHS.
2. **Notices.** Notices made by either party to the other party under this Agreement shall be addressed as follows:

If to Housing:

Special Needs Housing Programs Manager
Arizona Department of Housing
3800 North Central Avenue, Suite 1200
Phoenix, AZ 85012

After March 7, 2003:

1700 West Washington Avenue, Suite 120
Phoenix, AZ 85007

If to ADHS:

DBHS Assistant Director
Arizona Department of Health Services
2122 East Highland Avenue, Suite 100
Phoenix, AZ 85016

ARTICLE V. GENERAL PROVISIONS.

1. **Entire Agreement.** This Agreement embodies the entire understanding of the parties and supersedes any other agreement or understanding between the parties relating to the subject matter. The parties agree that should any part of this Agreement be held to be invalid or void, the remainder of the Agreement shall remain in full force and effect and shall be binding upon the parties.
2. **Waivers.** No waiver, amendment or modification of this Agreement shall be valid or binding unless written and signed by the parties. Waiver by either party of any breach or default of any clause of this Agreement by the other party shall not operate as a waiver of any previous or future default or breach of the same or different clause of this Agreement.
3. **Assignment.** Neither party may assign any rights hereunder without the express, written, prior consent of both parties.
4. **Governing Law.** This Agreement shall be governed by and construed in accordance with the laws of the State of Arizona.
5. **Conflict of Interest.** This Agreement is subject to the provisions of A.R.S. 38-511. The State of Arizona may cancel this Agreement if any person significantly involved in negotiating, drafting, securing or obtaining this Agreement for or on behalf of Housing or ADHS becomes an employee in any capacity of any other party or a consultant to any other party with reference to the subject matter of this Agreement while the Agreement or any extension thereof is in effect.
6. **Termination.** Either party may at any time terminate this Agreement by giving the other party not less than sixty (60) days prior written notice. In the event this Agreement is canceled by ADHS, ADHS shall remain responsible for reimbursement of Housing for all work performed through the date of termination.
7. **Nondiscrimination.** The parties agree to comply with all applicable state and federal laws, rules, regulations and executive orders governing equal employment opportunity, nondiscrimination and affirmative action, including the Governor's Executive Order 99-4.

-
8. **Records.** Pursuant to A.R.S. 35-314, all books, accounts, reports, files and other records relating to this Agreement shall be subject at all reasonable times to inspection and audit by the State for a period of five (5) years after completion of this Agreement and each party shall retain all such books, accounts, reports, files and other records for that five (5) year period.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by its duly authorized representatives on the respective dates entered below.

ARIZONA DEPARTMENT OF HOUSING

Signature: _____
Title: Director,
Arizona Department of Housing

III. ARIZONA DEPARTMENT OF HEALTH SERVICES

Signature: _____
Title: Director,
Arizona Department of Health Services

Exhibit A – Scope of Services

Summary

This Interagency Service Agreement (ISA) is between the Arizona Department of Health Services (ADHS) and the Arizona Department of Housing (Housing) for the purpose of outlining duties to be performed by Housing to provide technical assistance, project underwriting and risk assessment analysis, as well as making final recommendations to ADHS on the feasibility of funding particular housing projects for the seriously mentally ill funded by ADHS through Non Title XIX Usage (ComCare Trust). In consideration for the services outlined below under the Scope of Work, ADHS will reimburse Housing through a transfer of \$32,400.00 in one lump sum as the total amount paid to Housing to perform the responsibilities identified in this Agreement. ADHS has approximated that under this contract they expect to fund eight (8) single-family units and one (1) small multi-family complex, though the number of units may vary slightly from this estimate. \$32,400.00 constitutes the entire amount transferred under this Agreement unless housing development projects in excess of eleven (11) units are identified or the unit mix otherwise deviates significantly from expected units described above, at which time ADHS and Housing agree to renegotiate additional compensation to Housing for additional services rendered.

Scope of Work

Housing shall provide technical assistance, project underwriting and risk analysis, and funding recommendations for ComCare Trust fund proposals brought forth by the Regional Behavioral Health Authorities (RBHA) for the development of housing units dedicated to low-to-moderate income seriously mentally ill adults. Associated tasks shall include the following:

1. Housing will designate its Special Needs Housing Programs Manager as the primary contact with ADHS and the RBHAs in connection with work completed under this ISA. Specific tasks such as the provision of technical assistance, site visits and risk assessment may be completed by other Housing staff determined by Housing to possess the necessary skills to provide the services outlined in this scope of work.
2. Housing may provide technical assistance to RBHAs and/or their designees for project planning and pre-development activities for housing developed under the ComCare Trust with ADHS at the request of the RBHA. It is understood by both parties that the RBHAs and their designees are already possessing in the necessary experience and skills to complete such transactions with minimal assistance from Housing staff. Housing staff will be available primarily in this capacity to provide advice to the RBHAs and/or their designees regarding specific problems associated with specific projects and properties and to provide suggested mitigation measures when Housing identifies potential problems during its underwriting or physical inspections of such projects. Housing will not be relied upon to identify properties, provide primary inspections of properties in order to determine rehabilitation requirements, negotiate with owners, or to provide extensive technical assistance to any project for which Housing has deemed the project infeasible.
3. Housing will provide to the RBHAs and/or their designees project application materials which the RBHAs and/or their designees will be required to complete and submit to Housing for review prior to Housing making recommendations to ADHS about the general acceptability of any project. The application package obtained from Housing may include general financial guidelines

regarding acceptable construction and development costs, developer and professional fees paid in conjunction with the development of housing units.

4. Upon submittal of an application package by the RBHAs to Housing, Housing will review each package and may make a site visit to assess site feasibility. As part of the application review Housing will conduct a risk analysis and underwriting assessment in order to provide a written summary and final recommendation regarding funding to AHDS. Final determination on the funding of all projects rests with ADHS.
5. Once a project is approved for funding by ADHS, ADHS will notify Housing in writing of such project acceptance and Housing will prepare appropriate legal documents that protect the interest of the State of Arizona and ensure that each housing unit is used solely for the benefit of eligible seriously mentally ill adults for a period of at least 15 years from the date of project completion. Documentation shall include a deed restriction and reversionary clause that requires the housing be used solely for the benefit of seriously mentally ill adults. Housing will provide written instructions to the RBHA and ADHS detailing execution requirements for all legal instruments. ADHS will be responsible for ensuring that all legal instruments have been executed and will maintain title files on all assisted properties.
6. All files, pertaining to development expenses, legal documents pertaining to each property's title and restrictions, as well as the results of any project monitoring shall be maintained by ADHS. Housing shall maintain project files containing notes with respect to its technical assistance and underwriting of each project and shall maintain such files for a period of five (5) years after it submits its final funding recommendation to ADHS on each project.
7. Should any dispute or problems arise between the RBHAs and Housing during the provision of technical assistance or project review, Housing will attempt to resolve the dispute at the lowest organizational level as possible. Problems that cannot be resolved between the primary Housing contact and the RBHA shall be elevated to the ADHS/DBHS Assistant Director or their designee in a timely manner. The decision of the ADHS/DBHS Assistant Director shall be binding.

Appendix G

VALUEOPTIONS HOUSING SERVICES AND PROGRAMS

1. ValueOptions' Service Integration Department provides direct and indirect services for adult consumers that are homeless and formally homeless with housing, vocational, employment services, and independent living skill training . The following are a brief list of activities:

- ❑ Administration of our Non-Profit Housing Provider Arizona Behavioral Health Corp. (ABC) for the HUD Shelter Plus Care and Supportive Housing Program Grants. Currently our housing administrator has over 1400 formally homeless consumers in permanent housing.
- ❑ State Funded Non-T19 housing
 - Provides housing upon discharge from the State Hospital, Supervisory Care Homes and Adult Residential Treatment Centers for those who might otherwise be homeless.
 - Each consumer pays only 30% of his or her adjusted income towards rent.
 - Provide independent living skill training by a contracted service provider for enrolled consumers until they can live independently
 - Housing and housing related services are administered directly by the Housing department in Service Integration.
 - Provide state funded rent subsidy to consumers in this living situation
 - Sponsor based and tenant based lease options are offered to all consumers
- ❑ HB 2003 Permanent Housing Purchasing Program
 - Permanent housing in houses or apartment complexes for homeless and non-homeless priority population consumers enrolled in the RBHA.
 - Each consumer pays 30% of their adjusted income towards rent
 - This joint non-profit – ValueOptions venture has purchased twelve houses to date for acute consumers to step down to more independent community placement
 - This joint non-profit – ValueOptions venture has purchased seven small apartment complexes for those who can function without as much support
 - Consumers are provided in house or on site independent living skill services based on consumer's needs as defined in their Individual Service Plan (ISP)
 - Goals are for consumer to move into a home of their own
- ❑ Community Tenure Program provides financial assistance to prevent homelessness:
 - Funds can be used to pay past due rent
 - Funds can be used to pay mortgages to prevent property foreclosure
 - Pay for past due utility bills
 - Pay unpaid property taxes
 - Pays late fees and attorney fees to prevent evictions
 - If part of ISP, funds can be used for health and safety measures to prevent evictions

-
- ❑ Move-in Assistance provides funding to move homeless consumers into permanent housing
 - Pays for security deposits and other mandated move-in fees and costs.
 - Pays first months rents depending on ISP
 - Pays utility deposits
 - Pays for moving services
 - Pays for past amounts owed to PHA's for consumers to move into HUD rental subsidy

2. ValueOptions' Direct Service Sites that provide programs and services to the homeless

❑ Stargate Clinic

- Shelter Plus Care & Supportive Housing Program grants from HUD are assigned out of this site to assist homeless persons with disabilities. ABC administers this grant and the RBHA provides the required 25% cash match to maintain the grant. The grant provides housing for 325 consumers.
- Each consumer pays only 30% of their adjusted income towards rent
- Provide treatment for co-occurring disorders
- Vocational component

❑ Washington House Clinic

- Case management
- Voc/Rehab
- Clinical Assessments
- Medications
- Full clinical team
- Housing Services

❑ East Phoenix Clinic

- Case management
- Voc/Rehab
- Clinical Assessments
- Medications
- Full clinical team
- Housing Services

❑ Intake, Evaluations and Eligibility site

- Intakes
- Eligibility
- Field evaluations

3. Southwest Behavioral Health's PATH Team (located at Washington House) is a joint venture between ValueOptions, DBHS and Southwest Behavioral Health

-
- Engages homeless persons through street outreach
 - Performs Field Assessments
 - Links people with social services
 - Performs outreach to shelters, parks, river bottoms, downtown areas, etc.
 - Performs field evaluations
 - Intake assistance/emergent and non-emergent triages to ValueOptions
 - Transportation assistance to appointments
 - Assistance in meeting basic skills
 - Transition into the RBHA case management system
 - Provides community education on resources for homeless individuals and families
 - Provides moving assistance to temporary or permanent housing
 - Housing referrals both transitional and permanent placements
 - Issues hotel vouchers
 - Links with ValueOptions staff to locate and/or assist homeless consumers

4. CASS - Outreach and evaluations

- PATH Outreach team conducts weekly scheduled services to CASS
- RBHA has a master level clinician performing field evaluations at CASS weekly

5. East Valley Homeless Workgroup

- Provide collaboration and technical assistance to East Valley Homeless Providers
- Provide Crisis intervention services to East Valley
- ValueOptions housing department co-established the workgroup that meets monthly to assist providers, provide technical assistance , cross trains agencies and evaluates programs and refine processes.

6. Sunnyslope Homeless Workgroup

- Provide collaboration and technical assistance to Sunnyslope Homeless Providers
- Provide Crisis intervention services
- ValueOptions housing department is a partner in the workgroup

7. Healthcare for the Homeless collaborative working relationship

- Substance abuse counseling
- Case management screenings
- AHCCCS eligibility screening
- Primary medical care
- Dental care
- Psychiatric assessments and evaluations

Arizona Behavioral Health – ValueOptions’ Shelter Plus Care – Supportive Housing Programs

1. Horace Steele Commons

- Arizona Behavioral Health Corporation (ABC) administers this Supportive Housing Program (SHP) Grant.
- The RBHA funds the required 25% cash match to maintain the grant
- Each consumer pays only 30% of their adjusted income towards rent
- 10 ABC beds for SMI consumers enrolled in the RBHA
- On site case management 24 hours a day
- Social workers

2. NOVA Safe Haven

- The RBHA funds the required 25% cash match to maintain the grant
- A 25 "wet" bed shelter for non-SMI homeless citizens
- Each consumer pays only 30% of their adjusted income towards rent
- Day program offered to any homeless individual or family
- Three (3) meals offered daily
- Voc/rehab
- On site case management and permanent housing search
- Substance abuse counseling
- Showers and clothing for nay homeless person

3. Phoenix Shanti – Supportive Housing Program

- Arizona Behavioral Health Corporation (ABC) administers this Supportive Housing Grant for HIV positive homeless consumers.
- The RBHA funds the required 25% cash match to maintain the grant
- ValueOptions provides the required cash match.
- 10 ABC beds for SMI consumers with HIV enrolled in the RBHA
- Each consumer pays only 30% of their adjusted income towards rent
- Case management 24 hours a day on site
- Substance abuse counseling on site
- Social workers on site

4. United Methodist Outreach Ministries (UMOM) – Supportive Housing Program

- Lamplighter - 16 bed facility with eight (8) beds set aside specifically for ValueOptions SMI case managed consumers.
- The RBHA funds the required 25% cash match to maintain the grant
- Each consumer pays only 30% of their adjusted income towards rent
- Provides Substance abuse counseling
- Case management 24 hours a day

5. Southwest Behavioral Health Transitional Housing – Supportive Housing Program

- Arizona Behavioral Health Corporation (ABC) administers this Supportive Housing Grant.

-
- The RBHA funds the required 25% cash match to maintain the grant
 - 16 ABC beds for SMI consumers with HIV enrolled in the RBHA
 - Each consumer pays only 30% of their adjusted income towards rent
 - Case management 24 hours a day
 - Substance abuse counseling offered daily
 - Social workers
 - Scattered sites

6. Arizona Department of Housing

- Arizona Behavioral Health Corporation (ABC) administers the Shelter Plus Care and Supportive Housing Grants for the State.
- The RBHA funds the required 25% cash match to maintain the grant
- 1400 ABC beds for SMI consumers enrolled in the RBHA
- Each consumer pays only 30% of their adjusted income towards rent
- Case management provided by ValueOptions
- Substance abuse counseling provided by ValueOptions
- Social workers and intensive case management provided by ValueOptions
- Scattered sites throughout Maricopa County
- Sponsor based and tenant based housing provided with the least restrictive setting
- Medications, voc/rehab and permanent housing search provided by ValueOptions

Section A: Executive Summary

The Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) provides Project for Assistance to Transition from Homelessness (PATH) funds to contractors to serve as a point of contact for food, clothing, water, blankets, shelter and other basic living skills to move from homelessness; Create linkages with the behavioral health crisis system; Provide assistance with behavioral health system and/or co-occurring mental health and substance abuse treatment enrollment; Assist in obtaining medical records, picture ID, social security cards and affordable housing; and Conduct outreach and in-reach to adults age 18 and over who are literally homeless.

Organizations to Receive Funds	Organization Type	PATH Funds Received by Provider		Service Area	Estimated Number of Persons to be Contacted	Number of Persons to be Enrolled
Southwest Behavioral Health Services	Community Behavioral Health Provider	\$641,195 (Federal)	\$225,385 (State)	Maricopa County	3,000	2,000
Community Partnership of Southern Arizona (CPSA)(Pima County)	Regional Behavioral Health Authority	\$350,200 (Federal)	\$120,344 (State)	Pima County	550	420
Community Partnership of Southern Arizona (CPSA) (Cochise County)	Regional Behavioral Health Authority	\$33,012 (Federal)	\$11,004 (State)	Cochise County	37	19
Northern Arizona Regional Behavioral Health Authority (NARBHA)	Regional Behavioral Health Authority	\$107,433 (Federal)	\$37,434 (State)	Yavapai County Coconino County	1,500	120
ADHS/DBHS	State Agency	\$47,160 (Federal)	\$0 (State)	Statewide	0	0

Total		\$1,179,000	\$394,167			
		(Federal)	(State)			

All Arizona local PATH teams currently enter data into the Homeless Management Information System (HMIS). Materials received on HMIS from the federal and local levels (e.g.: trainings, presentations, websites, webinars, teleconferences and materials) is shared with PATH funded agencies' Executive Directors, Administrative/Program Directors, Outreach workers and Front Line staff through email transmissions and statewide teleconferences.

Section B: State-Level Information

1. State's Operational Definitions:

- a. Homeless individual- An individual or family who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing.
- b. Imminent risk of becoming homeless- An individual of family who meet the following criteria:
 - i. Doubled up living arrangements where the individual's name is not on the lease,
 - ii. Living in a condemned building without a permanent place to live,
 - iii. Arrears in rent/utility payments,
 - iv. Having received an eviction notice without a place to live,
 - v. Living in temporary or transitional housing that carries time limits,
 - vi. Being discharged from a health or criminal justice institution without a place to live.
- c. Serious Mental Illness- A condition of persons who are eighteen (18) years of age or older with a diagnosable mental disorder of such severity and duration as to result in functional impairment that substantially interferes with or limits major life activities.
- d. Co-occurring Serious Mental Illness and Substance Abuse disorders- Persons who have at least one serious mental disorder and a substance use disorder, where the mental disorder and substance use disorder can be diagnosed independently of each other.
- e. Alignment with SAMHSA's Strategic Initiative #3: Military Families- Describe how the State gives special consideration in awarding PATH funds to entities with a demonstrated effectiveness in serving veterans experiencing homelessness:

Provider recipients of PATH funds are required to form working relationships with the Veterans Administration Medical Center, the State Veterans' Services and the U.S. Vets to assist with coordination of services for homeless veterans. This includes coordination of mental health care, benefits assistance, medical care, emergency, transitional and permanent housing to homeless vets and participation in StandDowns and Project Challenge events. This includes developing collaborations with local agencies and hospitals to increase the location and services to Veterans who meet the PATH eligibility criteria.

Alignment with SAMHSA's Strategic Initiative #4: Recovery Support- Describe how the services to be provided using PATH funds will reduce barriers to accessing effective services that sustain recovery for individuals with mental and substance use disorder who are homeless.

The PATH team will play a vital role in maintaining contact between the client and the case manager for follow-up, advocating for housing assistance, continuity of care, as well as providing assistance in meeting basics needs. For those homeless individuals who have a mental illness, and are not receiving treatment for whatever reason, PATH will provide comprehensive and intensive outreach services for an undetermined length of time, with a goal of enrollment into mainstream services. The services provided by PATH will also result in the reduction in the number of SMI clients being homeless through our housing location, placement, and technical assistance. PATH team staff acting as advocates will result in more clients receiving badly needed services. PATH services such as providing food, water, and shelter referrals, providing access to medical and respite care, and emergent and non-emergent interventions may even result in fewer deaths on the streets. Outreach service engagements must account for consumer issues related to gender specificity, age appropriateness, culture and ethnicity, geography, and economic status. An individual's needs in each area must be supported with timely and appropriate resources. Swift success in housing and support service provision is critical for stable housing. Consumer outcomes must be based on consumer need and informed by the recipient. Consumers' and family's voices are the primary focus for tailoring recovery based services. Recovery embodies the ideas of hope, choice, empowerment, self-direction, and responsibility all centered in the consumer. Taken all together, these elements of recovery foster success via new meaning and relationships regarding ones' circumstances in the movement away from homelessness to stable housing with support services.

- f. Alignment with PATH goals- Describe how the services to be provided using PATH funds will target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.

The current PATH teams focus on those hardest to serve individuals often venturing out into the places they camp in order to engage them with the purpose of referring them for treatment. It often takes multiple encounters and Case Management services in order to get clients the necessary items (such as ID's, birth certificates, etc) in order to apply for services. PATH uses the SAMSHA Targeted Outreach Model which allows them to outreach all homeless individuals with the purpose of identifying those who are seriously mentally ill or suffer from co-occurring mental illness and substance use disorders. They are out in the field and average of 75% of their time. This daily activity keeps everyone informed about ongoing consumers, prospective consumers, new and existing resources, and any issues and their resolutions. Many of the required tasks are effectively and efficiently first planned and coordinated during this staff time together. These tasks: point of contact services for food, clothing, water, blankets, shelter and basic living skills; linkages with the behavioral health crisis system; assistance in getting prescriptions filled; assistance with behavioral health system and/or substance abuse treatment enrollment; referral for aftercare support including but not limited to case management, housing, and transportation; assistance in obtaining medical records, picture ID, social security cards and affordable housing; outreach activities and community education; field assessments and evaluations; intake assistance/emergent and non-emergent triage; transportation assistance (bus tokens and transporting); assistance in meeting basic skills, in getting prescriptions filled; in moving; housing dollars for permanent placements; Transition into the RBHA case management system; and assistance in locating cooling or heating and water stations during extreme heat and winter alerts.

- g. Alignment with State Comprehensive Mental Health Services Plan- Describe how the services to be provided using PATH funds are consistent with the State Comprehensive Mental Health Services Plan:

Two goals within the State comprehensive mental health services plan directly relate to services provided by PATH funds. 1.) Increase access to behavioral health services for persons diagnosed with serious mental illness; 2.) Decrease the number of adult consumers who are chronically and/or literally homeless or living in shelters.

- h. Alignment with State Plan to End Homelessness- Describe how the services to be provided using PATH funds are consistent with the State Plan to End Homelessness:

The Governor of the State of Arizona established the Arizona Interagency on Homeless and Housing in April 2010 to develop strategies to end homelessness in Arizona. The committee's role is to formulate the State's Plan to End Homelessness. The Director of the Department of Health Services serves on the Committee.

- i. Process for Providing Public Notice- Describe the process for providing public notice to allow interested parties, such as family members; individuals who are PATH-eligible; and mental health, substance abuse and housing agencies; and the general public to review the proposed use of PATH funds (including any subsequent revisions

to the application). Describe opportunities for these parties to present comments and recommendations prior to submission of the State PATH application to SAMHSA:

A draft of this grant application is posted on the ADHS/DBHS website for public comment. In addition, the document is emailed to a list serve containing a wide array of stakeholders by ADHS/DBHS' Policy Office. These two mechanisms allow for comment by persons who are eligible for PATH services, family members, employees of behavioral health and housing provider agencies and the general public.

- j. Programmatic and Financial Oversight- Describe how the State will provide necessary programmatic and financial oversight of the PATH-supported providers, such as site visits, evaluation of performance goals, audits etc. In cases where State provide funds through intermediary organization (i.e., County agencies or regional behavioral health authorities), describe how these organizations conduct monitoring of the use of PATH funds:

ADHS/DBHS will monitor PATH activities through multiple deliverables. Contractors are required to submit quarterly reports to ADHS/DBHS detailing the number of individuals receiving PATH services by census and demographics. An annual narrative and statistical report is due each January to SAMHSA and ADHS/DBHS. Monthly and annual detailed expenditure reports and a copy of the contractor's audit report (OMB A-133) are also required.

In addition to reporting, contractors are subject to at least one (1) on-site program review per geographic service area each year. The review consists of an examination of all aspects of PATH program operations including chart review to determine grant and contract compliance, interviews with PATH enrolled consumers and PATH staff, and direct observation of program activities, outreach and engagement techniques used to assist client in PATH enrollment community involvement activities for tailored referrals, in kind contributions and Charitable Choice program compliance activities.

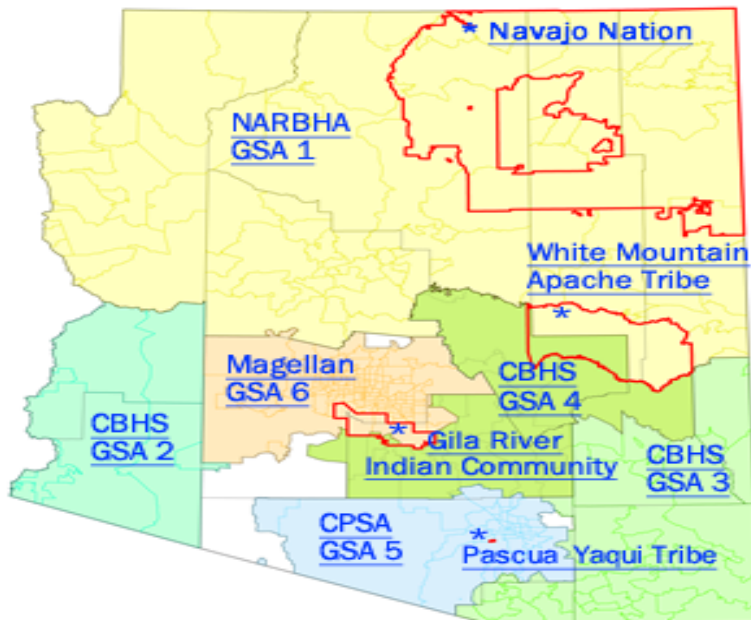
ADHS/DBHS holds quarterly meetings with PATH contractors to identify area of strength and areas that require improvement to ensure that the needs of homeless individuals with serious mental illness are addressed in each region. At minimum, these quarterly and annual meetings increase coordination among the geographic service area and provide opportunities to provide technical assistance and training.

In response to the requirement from SAMHSA for PATH Providers to migrate PATH data into the Homeless Management Information System (HMIS) with the next 2-4 years, all Arizona local PATH teams are currently entering data in HMIS. All information received on HMIS from the federal and local levels (e.g.: trainings, presentations, websites, webinars, teleconferences and materials) is shared with PATH funded agencies, Executive Directors, Administrative/Program Directors, Outreach workers and Front line staff through email transmissions and statewide teleconferences.

- k. Selection of PATH Local-Area Providers- Describe how PATH funds are allocated to areas and providers with the greatest number of individuals who are homeless with serious mental illnesses or co-occurring substance use disorders (i.e., through annual competitions, distribution by formula or other means):

ADHS/DBHS allocates PATH fund through a competitive request for proposals process.

- a. Relation to need for services- PATH grant allocations are made to entities that provide services within the three most populous counties in Arizona (Maricopa, Pima, Coconino and Cochise Counties).
- l. Location of Individuals with Serious Mental Illnesses who are Experiencing Homelessness: Indicate the number of homeless individuals with serious mental illness by each region or geographic area of the entire State. Indicate how the numbers were divided and where the selected providers are located on a map.



An annual point-in-time shelter survey conducted in January 2011 identified the number of homeless individuals with a serious mental illness or co-occurring serious mental illness and substance use disorder in Arizona. It is important to note that only individuals residing in emergency shelters and transitional housing were included in the survey.

**2011 Point-in-Time Shelter Count
Special Populations
(Adults only except chronically homeless)**

County	SMI	SMI & Substance Abuse	Total
Maricopa County (GSA 6)	1836	420	2256
Pima County (GSA 5)	397	393	790
Balance of State * (GSAs 1,2,3 &4)	238	263	501
State Total	2471	1076	3547

*Balance of state includes the rural counties of Mohave, Coconino, Navajo, Apache, Gila, Graham, Greenlee, Cochise, Santa Cruz, Pinal, Yuma, La Paz and Yavapai. This information was obtained from the 2011 Annual Report, Department of Economic Security;

https://www.azdes.gov/InternetFiles/Reports/pdf/2011_homelessness_report.pdf

- m. Matching Funds- Describe the sources of the required PATH match contributions and provide assurances that these contributions will be available at the beginning of the grant period.

Required non-Federal contributions are available from the State General Fund Supported Housing Appropriation. The State contribution will be available at the beginning of the grant period.

- n. Other Designated Funding- Indicate whether the mental health block grant, substance abuse block grant, or general revenue funds are designated specifically for serving people who are homeless and have serious mental illnesses:
- a. Community Mental Health Block Grant (CMHS)- Funds provided by the mental health block grant are utilized for services to persons with serious mental illness and children with serious emotional disturbance, including those who are homeless or at imminent risk of being homeless.
 - b. Substance Abuse Prevention & Treatment Block Grant- Provisions are made through the substance abuse block grant for services to be delivered through street outreach/drop in centers serving homeless individuals with substance use disorders at high risk for HIV, in addition to other community settings such as probation offices, domestic violence facilities and homeless shelters.
 - c. State General Fund Revenue- State general funds allocated as match for PATH federal funds are specifically targeted for persons who are homeless and have a serious mental illness or co-occurring substance use disorder.
- o. Data- Describe the State's and provider's status on HMIS migration and a plan, with accompanying timeline for migrating data in the next 2 to 4 years. If you are fully

utilizing HMIS for PATH services, please describe plans for continued training and how you will support new local-area providers.

- p. **Training-** Indicate how the State provides pays for or otherwise supports evidenced-based practices and other trainings for local PATH-funded staff. ADHS/DBHS provides technical assistance and training at quarterly and annual meetings for the PATH Contractors. Local PATH providers are required to conduct and attend homeless service provider specific trainings which will allow them to gain additional skills to address the needs of individuals who are literally homeless. Additional assistance is given upon request.

Section C:

Northern Arizona Regional Behavioral Health Authority (NARBHA) CATHOLIC CHARITIES COMMUNITY SERVICES

1. **Description of Provider Organization Receiving PATH Funds:** The Northern Arizona Regional Behavioral Health Authority (NARBHA) is the RBHA for four counties in Northern Arizona. ADHS/DBHS contracts with NARBHA to administer the PATH grant for Coconino County. NARBHA subcontracts with Catholic Charities' Flagstaff office for operation and program administration in Northern Arizona. Catholic Charities is a non-profit, community based organization providing a wide range of social services to families, children, and single adults throughout Northern Arizona. These services include: a family shelter, eviction prevention/utility assistance funding, emergency motel stays, adoption and foster care services, referrals to local service agencies, food and clothing vouchers, and counseling services. Catholic Charities' PATH Outreach Program serves the local areas of Williams, Page, Fredonia, Sedona, Flagstaff, and Cottonwood, as well as other rural areas throughout Coconino and Yavapai Counties.
2. **Amount of Federal Funds the Organization Will Receive:** Catholic Charities will receive PATH funding in the amount of \$139,072 for FY 2013. These funds will be used to continue operation of the PATH Homeless Outreach Team, which will employ four individuals to conduct aggressive outreach, establishing and maintaining contact with people who are homeless and have a serious mental illness, as well as individuals with co-occurring substance abuse disorders. NARBHA will receive \$5,795 for grant administration, which creates a total of \$144,867, with \$107,433 in Federal funding and \$37,434 in State funding.
3. **Organization's Plan to Provide Coordinated & Comprehensive Services to PATH Clients:**
 - a. **Projected Number of Clients:** The Catholic Charities Outreach PATH team anticipates approximately 520 unique homeless individuals will be contacted *each quarter* through the use of PATH funds, of which an estimated 30% will be "chronically" homeless and 16% will suffer from mental illness. With client carryover between quarters, we project to serve at least 1500 unique homeless clients this year.

b. Projected number of adult to clients to be enrolled using PATH Funds:

An estimated 120 individuals will complete PATH intake and be formally enrolled into PATH services during the coming year.

c. Percentage of adult clients served with PATH funds projected to be “literally” homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).

Approximately 50% of these being “chronically” homeless and 79% being “literally” homeless (living outdoors or in an emergency shelter rather than at imminent risk of homelessness – approximately 20% of these cases will be emergency shelter). Of these PATH-enrolled clients, we estimate that 96 (roughly 80%) will complete intakes at either The Guidance Center, Encompass, SouthWest Behavioral Health Services, or the Verde Valley Guidance Clinic and be formally enrolled for mental health and case management services. Approximately 40-50 PATH-enrolled clients will be assisted into transitional or permanent housing.

d. Activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.

Catholic Charities will provide individuals and families with the following services...

Outreach will be conducted by two person team, two CC employees and/or one CC employee and a volunteer. To enhance the PATH Outreach efforts volunteers will be utilized to increase outreach locations. Outreach services will include:

- Distribution of life-sustaining supplies to homeless populations such as: blankets, coats, hats, gloves, socks, food, water, hygiene kits, camping supplies, etc.
- Distribution of clothing and hotel vouchers where appropriate.
- Field assessments and evaluations.
- Referrals to psychiatric treatment, alcohol/drug treatment, primary health services, rehab, housing, soup kitchens, and other social service agencies. This includes the distribution of regularly updated local resource listings.
- Intake assistance: both internally to help PATH clients enroll with Catholic Charities Housing and Family Shelter programs and externally with DES and other agencies which would provide much needed resources such as AHCCCS insurance and Food Stamps.
- Case management activities: detailed case notes, daily outreach activity records, and case files for PATH-enrolled clients.
- Transition into NARBHA’s case management system by connecting clients with The Guidance Center and SW Behavioral (in Flagstaff and Williams), Encompass in Page and Fredonia, and The Verde Valley Guidance Clinic in Cottonwood.
- Transportation assistance: bus tickets, monthly bus passes, rides in the 2 PATH Outreach vehicles. This service has been supplemented with NARBHA Community Investment funding.

- Assistance with prescriptions/medications.
- Eviction Prevention and Utility Assistance for PATH clients in danger of entering into homelessness.
- Move-In Assistance in the form of security deposit payments and the payment of housing application fees.
- Emergency Motel Assistance (not factoring-in extreme weather concerns the usual maximum stay is three days).
- Identification Assistance; purchasing ID cards and birth certificates, helping clients work through long-standing barriers that prevent them from obtaining identification.
- Client education on local anti-camping ordinances and safe places to camp.
- Community Education and Homeless Advocacy.
- A willingness to listen and treat clients with respect and compassion (possibly our greatest role and service).

e. Strategies that will be used to target PATH Funds for street outreach and case management as priority services

The outreach team will collaborate with the Coconino County and Cottonwood Jail personnel, Local Police Departments (Fredonia, Page, Williams, Flagstaff, Sedona, Cottonwood), Flagstaff Medical Center's Emergency Department, local motel owners, members of the Coconino County and Verde Valley Continuums of Care, and other homeless service providers throughout our coverage area in an overall strategy to end homelessness in Coconino County. A critical part of outreach is building trust among the people we serve; resources (such as blankets, coats, hats, gloves, socks, food, water, hygiene kits, camping supplies, etc.) are provided to foster relationships with homeless clients, so that field assessments and evaluations are possible.

In-reach: Whereas in previous years, our strategy was to limit our in-reach activities to just our main office and one day center, we have learned the value of attending multiple locations to maximize our contacts with new homeless individuals. In-reach services for 2012-2013 are projected to occur at multiple locations: [1] the Catholic Charities Flagstaff office (located at 460 N. Switzer Canyon Drive, suite 400), [2] the Flagstaff Shelter Services Day Drop-in Center (located at 216 W. Phoenix Avenue), [3] the Goodwill Industries Flagstaff Day Center (located at 2225 North Steves Blvd.), [4] the (NAZCARE Inc.) AZPIRE House Day Center (located adjacent to The Guidance Center in the old Channel 2 building), [5] the United Methodist Church's Food Kitchen in Page, and [6] the PATH Program Day Drop-In Center in Cottonwood (located above the Cottonwood Catholic Charities office at 736 N. Main).

At the Flagstaff Catholic Charities office, homeless individuals will have access to: sack lunches provided by the Flagstaff Food Kitchen; referrals made by Catholic Charities staff for clothing, food, and eyeglass vouchers; resource listings; bus tickets; mail services; clothing from housed donations; local and long distance phone calls; computer access (with PATH team member supervision); and resume printing services.

At the Flagstaff Shelter Services Day Drop-In Center, people who are homeless will have access to a variety of services PATH helped to establish (but no longer directly operates): showers, telephone services with long distance capability, mail services, computers, food (sack lunches and food bank donations), clothing, vouchers for the Salvation Army Thrift Store (worth \$55.00), resource lists, maps, and other items needed to help them out of homelessness. PATH operations at the Goodwill Industries, AZPIRE, and United Methodist Church locations will provide, in addition to access to PATH case managers, access to bus passes, food, water, outreach supplies (hats, gloves, sleeping bags, etc.), food-clothing-eyeglass-motel vouchers, application assistance, referrals and information, resource lists, rides in PATH vehicles, and aggressive referrals to detoxification, medical, and psychiatric treatment (to name a few).

The PATH Day Drop-In Center in Cottonwood will provide: showers, a phone with long distance, access to computers (for resume writing and checking e-mail), access to referrals and information (like resource lists), access to social workers (the Catholic Charities PATH team and volunteer staff will have office hours there), and resources such as clothing vouchers, camping gear, water, and hygiene kits. Initially, the Center operates from 1-5 P.M. each Monday, Wednesday, and Friday. These times were selected [1] to avoid duplication of services (while there are no day centers in Cottonwood, there are limited services such as bi-monthly showers and meals offered at a local Rescue Mission), [2] to allow for the project to start small and build on a successful operational history, [3] to facilitate the logistical demands of staffing a new service in Cottonwood, and [4] to allow the Coconino County PATH outreach team to conduct on-site volunteer/staff trainings and to assist with the initial phases of operation. The Day Center operates under a “Benefit to the Community” model, moving it beyond a safe place for homeless clients toward a program that improves the local area (through such activities as trash pick-up and yard-clean up projects). To increase community support, we intend to track the success stories fostered by the Center and release these to local media sources (public access media, newspapers, church bulletins) as often as possible. Case management activities on-site will be guided by the use of a “self-sufficiency checklist” designed to help clients acquire whatever missing elements they need (identification, resume creation, application assistance, etc.) to transition out of survival mode and into a positive future-focus. Keeping in-line with recent innovations in homeless service, we intend to use volunteers drawn from the homeless or nearly homeless population as frequently as possible. We will conduct quarterly focus groups with our customers *to factor-in the client’s point of view* and to engage them in the evolution of the Day Drop-In Center.

Behavioral Health – Engagement Assessments: During this phase, the PATH team will strive to maintain regular contact with the individual/family in question. If required, after initial contact has generated trust and no later than the third contact, the PATH team will arrange for an assessment to determine if the client has mental illness or a substance abuse disorder. The PATH-eligible individuals with co-occurring disorders will receive aggressive outreach and will be referred to The Guidance Center or SouthWest Behavioral Health Services (SBHS) in Flagstaff and/or Williams,

Encompass in Page and Fredonia, and the Verde Valley Guidance Clinic in Sedona and Cottonwood for intensive inpatient or outpatient services (as well as medication). When appropriate, a referral for detoxification services will be made (and the PATH team will usually transport clients directly to detoxification facilities in these cases). PATH staff will be in frequent contact with The Guidance Center (TGC), SBHS, Verde Valley Guidance Clinic, or Encompass staff case managing the individuals. This will provide an opportunity to strategize more effective engagement and follow through with the individuals and families who are homeless.

NARBHA-Level Case Management Services: PATH clients who complete an intake and are enrolled with NARBHA in the PATH program receive intensive case management services through any one of several possible providers: The Guidance Center, SBHS, Encompass, and The Verde valley Guidance Clinic. These services are based on the Recovery model, a “person centered,” culturally competent strategy which focuses on the strengths of the individual. Clients receive a comprehensive assessment, with emphasis on the unique qualities and culture of the individual, and a consumer-driven service plan developed utilizing the entire team which consists of the Clinical Liaison, Case Manager, Case Manager Aide, Clinical Specialist, consumer, and other individuals the consumer wants involved such as family members, friends, or significant others. Consumers are expected to meet with their Guidance Center, SBHS, Encompass, or The Verde valley Guidance Clinic case manager at least weekly. Case management services include, but are not limited to, assistance with obtaining identification documents, applying for entitlements such as food stamps, general assistance, AHCCCS, SSI/SSDI (case managers usually accompany clients to these appointments to help with the paperwork), coordination of health care, or obtaining a Primary Care Physician once healthcare benefits are in place, placement in shelter, and mental health treatment to overcome the label of homelessness by managing their mental health in the community and moving into permanent housing. PATH staff strives to build a rapport with the consumer to assist them in meeting the self-identified goals of their service plan (which they create collaboratively with their Guidance Center, SBHS, CBHS, or The Verde valley Guidance Clinic case manager. Catholic Charities’ PATH team will direct efforts toward getting people off the streets and working with clients beyond initial intake.

PATH-Level Case Management Services: The PATH team facilitates “limited” or “focused” case management, which is designed to connect PATH-enrolled clients with psychiatric treatment and improve housing options. The Catholic Charities PATH Team believes that sustained mental health treatment is unlikely to occur outside of stable living arrangements, so as much as we can we encourage our enrolled clients to choose housing goals which lead to permanent housing.

f. Activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.

Data Collection Methods are required by the PATH Program, and include demographic information, prior treatment history, diagnosis and treatment, and information on the individual’s or family’s duration of homelessness. PATH outreach workers will utilize

several tools currently employed by various state programs, including the Arizona Self Sufficiency Matrix and the HMIS system.

g. Indicate whether the provider provides, pays for, or otherwise supports evidence based practices and other training for local PATH-funded staff.

Catholic Charities sets aside funds in each year's budget for training for all PATH team members. Some training received in the past are the CIT (Crisis Intervention) training provided by a local RBHA provider, recognizing substance and substance abuse issues, various mental health related trainings, blood borne pathogens, volunteer training, and CPR/First Aid training.

h. Indicate whether the provider provides, pays for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.

The Catholic Charities PATH Team currently inputs all data into the HMIS System and receives training related to the use of the HMIS system and fully utilizing its functions. The team has recently begun using the Case Management function of HMIS and will continue this on an on-going basis. In addition, for PATH enrolled clients, Self Sufficiency Matrix's are now entered into HMIS, as well providing detailed reports of program success. The PATH team coordinates with Symmetric Solutions to ensure they have the most up-to-date information and trainings on HMIS as the system improves.

i. Community Organizations that provide key services (e.g., primary health, mental health activities and policies with those organizations).

The PATH team receives referrals from a variety of sources, including: Flagstaff Medical Center's inpatient psychiatric unit, The Guidance Center's PAC unit, Flagstaff Shelter Services, The Sunshine Rescue Mission and Hope Cottage, local police, and many others. When a referral is made, a member of the PATH team travels to the location to meet with the individual (if possible), explains the program in terms the person can understand, and conducts a prescreening assessment to determine the individual's needs. At a meta-level, this process builds interagency relationships (and service opportunities for PATH clients) because it demonstrates to other social service agents that PATH aggressively seeks out clients and is willing to coordinate care (thus reducing the burden on the referring agency).

The Coconino/Yavapai County PATH team has collaborated with this last quarter included: NARBHA, Encompass, PRDVS (Page Regional Domestic Violence Shelter), Halo House, The City of Flagstaff, Flagstaff Shelter Services, Salvation Army, Saint Vincent De Paul, The Guidance Center, Catholic Charities internally via the Family Shelter and Emergency Services, The Circle of Page, The Page United Methodist Church, The Flagstaff Family Food Center, The Williams Family/Community Outreach Coordinator, Hope Cottage The Flagstaff Family Food, the Coconino County Continuum of Care, and Coconino County Community Services (in both Page and Flagstaff).

Our agency partnerships help us move clients toward self-sufficiency and improve their access to resources by [1] giving us knowledge on resource availability we can convey to clients, [2] giving the PATH team actual resources we can distribute to clients (move-in assistance, donations), [3] giving the PATH team, and our clients, more direct access or smoother transitions (via referrals, etc.) to available services. Here are some examples:

- A. NARBHA: Provides inside-information and oversight on Guidance Center practices and policies – if we have an issue getting clients to treatment (and thus on the path of self-sufficiency) NARBHA can help us work through it.
- B. Encompass: They provide mental health and counseling services for PATH-enrolled clients in the Page area. They refer clients to the PATH Program and facilitate the Page Resource Meeting – a venue which allows the PATH team to keep up to date on what services are available in Page, AZ (allowing us to convey this information to our clients).
- C. Flagstaff Shelter Services (FSS): They provide extensive donations of food, clothing, and camping supplies to PATH clients who attend the Day Drop-In Center, and provide shelter (and other services mentioned above) to these clients.
- D. Salvation Army: When PATH clients cannot access local drug and alcohol treatment options, our contact at the Salvation Army has the ability to send them (via bus) to treatment sites in Phoenix, Los Angeles, and Las Vegas, making the proper arrangements for them to enter treatment when they arrive – all free of cost.
- E. St. Vincent de Paul: They help provide PATH clients with move-in and eviction prevention assistance, matching funds with PATH. In addition, our partnership with St. Vincent allows us to access gas vouchers (to get clients to appointments, their jobs – all assist with self-sufficiency) we couldn't otherwise access.
- F. The Guidance Center: [1] provides mental health and counseling services to PATH-clients in Flagstaff and Williams, [2] provides case management to PATH clients in these areas, [3] makes crisis counselors and intervention available to PATH clients, and [4] makes extensive referrals to the PATH team (we coordinate discharge planning with their in-patient staff).
- G. The Williams Family/Community Outreach Coordinator: Allows the PATH team to access students in Williams who would otherwise be nearly impossible to encounter during standard outreach activities. She provides clothing vouchers, access to school programs, and participates in the Homeless Count efforts, which ultimately leads to increased funding options throughout the continua of care in Coconino County (and heightened resources for PATH clients). The coordinator, who is a long-term resident of Williams, also serves as a guide and insider for the PATH Team, directing us to various gate keepers in the Williams area and hard-to-access resources (such as small-scale church programs), all of which we can make available to PATH clients.
- H. Hope Cottage: Routinely refers their clients to the PATH program and allows the PATH team to use offices/rooms at their new shelter location to meet with clients. In addition, they direct some of their donations to the PATH team (and hence to our clients), such as underwear and clothing, diapers, food, etc.
- I. Coconino County Continuum of Care: These meetings include a “provider update”, question and answer session where extensive information is passed on available social

service resources. The PATH team communicates this information to clients, which in turn gives them the tools they need to work toward self-sufficiency.

Coconino County Community Services: They also help provide PATH clients with move-in assistance, matching funds with PATH and our partners (we might need to collaborate with up to three agencies to cover local move-in costs). They also make extensive referrals to the PATH program.

By maintaining regular lines of communication with the partner agencies listed above, by investigating how their services are provided, the PATH team is able to match clients with the services they need to work toward self-sufficiency. In cases where gaps in the continua of care exist, the PATH team works to create needed services. An example of this can be seen in our ongoing collaboration with Flagstaff Shelter Services, an organization dedicated to providing increased emergency shelter options in Flagstaff. Two PATH team members have served on the board of directors of this organization and were instrumental in helping to create emergency winter shelter arrangements three years running.

j. Gaps in current service systems.

The Northland has an utter lack of *affordable* housing (the FMR in Coconino County for a 1 bedroom dwelling is \$785.00), and has an overall lack of emergency shelter *and* transitional beds. The *Coconino County Continuum of Care's Housing Gaps Analysis* estimates that to address the current level of need, Coconino County alone would have to add an additional 200 beds for single individuals and 150 beds (emergency and transitional) for families. This need for additional housing is great considering the extreme winter conditions in Flagstaff.

The PATH Team's recent outreach experiences in the Page area have uncovered another issue: homeless clients there have a hard time accessing adequate water and food. In Page there is a soup kitchen operated by the United Methodist Church in collaboration with the Circle of Page, but this facility is only open on Mondays and Wednesdays. There is also a local food bank, but this facility is only open on Tuesdays and Thursdays, and does not offer the kinds of food homeless clients can readily prepare. PATH is working on a plan to implement a sack lunch program in the Page area to cover some of this need.

A large population of homeless individuals in N. Arizona is disconnected from services (medical/psychiatric care, social services, etc.) they *could* otherwise take advantage of to improve their lives. They might be [1] unaware services exist, [2] unable to qualify for services, [3] unable to get to services, [4] unaware they need services (as is the case with many seriously mentally ill individuals), [5] or unwilling to use services (due to bad experiences with certain agencies, their own ideological orientations, etc.). Our data suggests, however, that a majority of homeless people are interested in receiving

assistance: The 2010 Winter Count of Homeless Families and Individuals (coordinated by the Catholic Charities PATH team) determined that 67 out of 104 unsheltered homeless respondents (64%) replied “Yes” to the question “Would you like to receive services to help you transition out of (escape) homelessness?” We argue that the most effective way to connect these people with existing services is through the application of our aggressive outreach methodology. As the Catholic Charities PATH Program is the *only* adult homeless outreach program in N. Arizona, as available homeless services are few and far between, there is an overwhelming need for our continued services.

While the Northland has a wide array of ethnicities, languages, cultural perspectives, and worldviews, there are few social services which adequately address (or understand) this level of diversity. We have noted many specific negative consequences of this, including [1] a perception in N. communities that Native Americans are never “actually” homeless, because “they all have houses and families out on the reservation.” (a stereotype which justifies not serving this population), [2] cultural/linguistic conflicts at service points of entry (like agency front desks), where clients and providers misinterpret the intentions, meanings, and actions of the other – leading to less access to services, [3] case management strategies and treatment orientations, rooted in Western ideological assumptions of self, autonomy, and responsibility, failing when matched with alternative (and equally valid) ways of thinking. The overall lack of existing services in the N. region is a problem compounded by these sorts of failures.

There is a strong need for homeless advocacy and public education to resist the overarching negative stereotypes of homelessness and homeless mentally ill persons in N. Arizona. These misconceptions [1] result in community resistance to social service projects (like shelters and outreach programs), [2] foster NIMBY-ism and [3] promote the mistreatment of homeless persons generally.

Given the inherent diversity in the proposed coverage areas, in types of homelessness situations and in terrain (from the jungle-like areas of the Verde River in Cottonwood to the deserts of Page), many of the needs of potential PATH clients can be organized by geographic space. In Page, for example, the threat of dehydration (compounded by a high frequency of alcohol abuse among homeless persons there) and starvation create serious needs for outreach services to distribute water, food, and information. In Page and Cottonwood, Day Drop-In Centers are desperately needed, as there are no places for homeless people to shower, get their mail, access basic necessities, or to enjoy a truly safe environment. In Flagstaff, extreme winter weather conditions create a need for afterhours outreach. In Williams most of the people living in homeless situations are camping in vehicles or outside in tents, the need for camping supplies is high (particularly as colder months approach).

- k. **Services available for clients who have both a serious mental illness and substance use disorder.**

Catholic Charities has been very successful in identifying and establishing contact with persons who are homeless and have a dual diagnosis. The PATH team collaborates with the Guidance Center (in Flagstaff and Williams), SW Behavioral (in Flagstaff), The Verde Valley Guidance Clinic (in Cottonwood), and Community Behavioral Health Services (in the Page area) for intensive inpatient and outpatient services and medication to serve clients. There are limited services available that can meet the complex needs of persons who are homeless and have a dual diagnosis. The first need is treatment and safe, decent shelter. Because many shelters will not take people who are intoxicated, people with a dual diagnosis often end up on the streets or in jails. In light of this harsh reality, PATH team members have participated in and supported Flagstaff Shelter Services, a 501(C)3 nonprofit organization which operated emergency shelter in Flagstaff during the coldest 6 months of the year and which will *readily* accept intoxicated clients. Individuals with co-occurring disorders are referred to NARBHA's Clinical team for evaluation and treatment. Services offered clients include: medication; group therapy; individual counseling, and treatment.

1. Strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing).

Coconino County, and in particular Flagstaff, faces an affordable housing challenge. The economics of earned income against livable income are vastly different. Homeownership is often out of financial capability and some rental costs outweigh mortgage costs. Consequently, there is a population of "working poor" households that may be residing in substandard conditions. A portion of the homeless population resides in Northern Arizona year round and earns wages that do not render them eligible for a rental. Motel rooms often become the only option for many of the homeless population. Catholic Charities, in conjunction with the Coconino County Continuum of Care, works to consider all viable options for the development of housing that will meet the needs of the "imminently homeless" and homeless populations. There is a complete representation of social service agencies currently attending the Continuum including: the City of Flagstaff, the Coconino County Department of Health Services; Catholic Charities; NARBHA; the Flagstaff Police Department; The Guidance Center, etc. These meetings focus on addressing ways the community can adequately provide services to the homeless.

Currently, PATH team members work with the Catholic Charities Housing Coordinator, to transition PATH (and other homeless) clients into the *Flagstaff Cares*, Pagewood, or Northern Sky housing programs. Working in cooperation with NARBHA, Catholic Charities has helped to implement additional housing units in Cottonwood and Page that PATH clients could take advantage of. The Catholic Charities Housing and Homeless Services Supervisor in Flagstaff, serves on the Flagstaff Housing Authority Board and advocates for housing options for PATH clients.

3. Description of the Participation of PATH Local Providers in the HUD Continuum of Care:

Catholic Charities has been a participant in the HUD Continuum of Care since the beginning of the rural homelessness planning effort in the Flagstaff area and Coconino County. Both NARBHA and Catholic Charities are avid participants in the HUD Continuum of Care in the proposed region (Coconino County and Rural Yavapai County). Catholic Charities and NARBHA employees Sandi Flores and Jessa Mack currently serve on the executive committee of the *Coconino County Continuum of Care*, as well as the Verde Valley Homeless Coalition (facilitated by Catholic Charities' Carol Quasula); both the NARBHA PATH administrator and the PATH team routinely attend these meetings. The Catholic Charities PATH team heads up the Homeless Counting and Resource Guide Update Subcommittees of the *Coconino County Continuum of Care*; we are responsible for coordinating homeless count efforts, reducing the resulting data, and reporting the results to the Continuum – we also update various resource guides throughout the County and disseminate them to the Continuum. In addition, the PATH team routinely attends the Page-area Community Resource Meeting held monthly at Encompass in Page; this meeting is the closest thing that region has to a Continuum of Care, and PATH has taken steps to align/include this group with the *Coconino County Continuum of Care*.

5. Demographics:

- a. Client Population: We assume that the demographic characteristics of the target population to be served (homeless, seriously mentally ill persons living in Coconino/Rural Yavapai County) are similar to the demographic characteristics of the PATH-enrolled clients we have served in the *recent* past. There were 192 PATH-enrolled (homeless, seriously mentally ill) clients enrolled in the six quarters between 12-31-9 and 7-1-8 (last quarter's demographics are not significantly different and are not included here). Of these, 54.7% were male, 45.3% were female, 15.1% were Native American, 0.5% were Asian, 3.1% were Black, 8.9% were Hispanic, 71.4% were White, and 1.0% were of "Other" ethnicities. Considering the ages of these clients, 1% were under the age of 18, 30.7% were aged 18-34 years, 43.8% were aged 35-49 years, 24.0% were aged 50-64 years, 1.0% were aged 65-74 years, and no clients were over the age of 74.

The primary diagnosis of the 192 PATH-enrolled clients breaks down as follows: 16.1% suffered from Schizophrenia, 2.1% from "other" psychotic disorders, 74.5% from Affective disorders (typically Bi-Polar Disorder), 3.1% from Personality disorders, and 4.6% from miscellaneous disorders or "unknown." 32.8% of the 192 PATH-enrolled clients demonstrated a co-occurring substance use disorder. Considering their housing situations at first contact, 28.1% were living outdoors, 22.9% were in emergency shelter, 1.6% were in long-term shelter, 21.4% were in their own or someone else's home, 13.0% were hotel/motel living, 1.6% were in residential treatment or halfway houses, and 11.5% were in in-patient institutions (The Guidance Center's PAC unit or Flagstaff Medical Center's Psychiatric Ward). Just considering the situations of clients staying outdoors, 4.4% had only been outdoors for less than 2 days at first contact, 31.9% had been unsheltered for 2-30 days, 7.3% were outdoors 31-90 days, 14.5% had been outdoors 91-

365 days, and 42.1% had been unsheltered over 1 year at first contact. Considering the 192 PATH-enrolled clients, 11.5% reported being veterans, 88% were single, 1.6% reported being developmentally delayed, 0.5% reported they were HIV positive, 0.5% reported suffering from Hepatitis C, 16.7% had been in jail or prison in the last year, and 32.8% had been inpatient in a psychiatric hospital/facility in the last year.

- b. PATH Staff Demographics: The Catholic Charities PATH outreach team, consisting of 4 individuals (3.1 FTEs) plus volunteers who are currently providing additional outreach hours of 24 per week, has the following demographics: 50% male, 50% female (4 team members), 50% White (2 team members), 50% African American (2 team members), and 25% formerly homeless (1 team member – the *Outreach Specialist*).
- c. Staff Sensitivity to Clients: The average client the PATH outreach team is likely to encounter in the course of their duties is demographically similar to the average PATH-enrolled client described in section “a.” above: a single Anglo male aged 35 to 49 years, who speaks English as a first language. The ideologies of standard case management, such as life improvement through goal setting, are compatible with this client’s orientation as they derive from American cultural/linguistic perspectives. We argue that this would be true for most of the PATH outreach team’s potential clients, as the vast majority of them are American-culture-familiar, English-first speakers.

However, two other linguistic perspectives are commonly encountered by the PATH team as well: Navajo and Spanish. Wherever possible, disseminated materials (such as resource lists, brochures, posted rules and regulations) will be available to PATH clients in Navajo, Spanish, or English. Several local Catholic Charities’ staff are fluent Spanish speakers and have been called on in the past to provide translations over the phone or in person when needed. To address this deficiency, PATH will seek to aggressively recruit Native American outreach volunteers in FY 2012-2013.

We recognize that language and culture are intimately related; a given language influences speakers into particular points of view. These points of view may be in support of or in conflict with our outreach strategies and we take care to be aware of these instances. For example, the “come to the point quickly” linguistic approach of the PATH team might not fit with Navajo-speaking clients, who may prefer to tell longer accounts of situations than we’re used to, giving their audiences a chance to decide for themselves what the point of their story is rather than forcing their perspective on others. Varying senses of autonomy, perceptions of time, aesthetics of personal space, whether or not one looks a speaker in the eyes – these kinds of cultural/linguistic elements can make or break moments of Outreach, and we try to be aware of them where we can. Moments the PATH team felt was “strange” or awkward, that were hard to articulate or which evoked emotional responses are all potential signals of cultural differences that can be explored.

The strategies found to be most effective in reaching the hardest to serve PATH-eligible homeless persons consist of the following actions / attitudes:

- Respect.
- Being non-judgmental.

- Active listening.
 - Demonstrating patience and consistency to establish trust/rapport.
 - Immediate assistance with basic needs (food, water, clothing, safety, shelter, health).
 - Advocacy for entitlements (SSI, GA, VA, AHCCCS, etc.).
 - Frequent face-to-face contact (preferably where the person is located).
 - Thorough explanation of rights, responsibilities, and services available.
 - Being supportive through the intake/evaluation process.
 - When necessary taking the evaluation process/service to the person.
 - Providing interim case management as needed to assist in transition to permanent case management services.
 - Being sensitive of gender, age, and cultural/linguistic differences.
 - Being sensitive to the stigma carried by labels such as “serious mental illness” and “homeless.”
- d. Extent of Staff Cultural Competence Training: Staff is encouraged to attend local trainings related to cultural competency as well as the annual Conference on Homelessness. Whenever possible and if budget permits, staff will be considered for attendance at out of state conferences. PATH outreach workers will also seek out instructors from Northern Arizona University to provide additional training to them as well as community agencies. In addition to outside training, Catholic Charities requires mandatory cultural competence training for all employees, and offers additional refresher trainings. NARBHA also offers cultural competence training on a regular basis, as well as yearly evaluations of the cultural competency of PATH staff.

6. How Persons with SMI and Homeless are Involved in Planning, Implementation & Evaluation of PATH Funded Services: Clients are fully involved in their treatment planning process from beginning to end, and PATH welcomes and encourages family involvement whenever possible. Catholic Charities will utilize customer satisfaction surveys and solicitations of client input, which provide input on the planning, implementation, and evaluation process annually for the PATH program. Currently, PATH-eligible persons are not employed as staff members but they are encouraged to volunteer with PATH (and several have submitted recent applications).

(Maricopa County)**Southwest Behavioral Health****Local Provider Description**

Southwest Behavioral Health Services (SBH) is a private non-profit community behavioral health agency that has served as a leading provider in the state of Arizona for over 30 years. SBH has assumed a leadership role in the development and delivery of services in the areas of housing, residential care, prevention services, outpatient services to children, incarcerated persons, dually diagnosed adults (SMI/SA), and homeless services. SBH is CARF (Commission on Accreditation of Rehabilitation) accredited, and has been since 1998. Our services are evidence-based and include the FAST model in prevention services, the Arizona Treatment Initiative for children and families, and the Recovery Model for persons with serious mental illness and/or substance abuse. SBH provides subsidized independent housing, both transitional and permanent, to a variety of populations throughout Maricopa County. Psychosocial Rehabilitation services are delivered in a wide range of environments designed to support persons in their recovery process. SBH provides Residential Programs, and manage more than 150 residential beds throughout the valley. Programs range from supported independent living to intensely supervised (24-hour support). SBH's Crisis Recovery Support Services are provided and designed for individuals experiencing acute emotional or behavioral crisis. Crisis Recovery Units are centrally located, and provide intense short-term support in a non-institutional setting. SBH's Homeless Outreach Program serves the metropolitan areas of Phoenix, Tempe, Mesa, Glendale and Scottsdale, as well as the smaller suburban areas and rural areas of Maricopa County, which covers a 9,300 square mile area.

SBH is requesting \$641,195 in Federal funding and \$225,385 in State funding. These funds will be used to continue operations of the PATH Homeless Outreach Team, which will employ 13 individuals to conduct aggressive outreach, establish contact and maintain assistive relationships with eligible people who are literally homeless and have a serious mental illness, and/or dually diagnosed. All PATH funds will be used to provide direct services. These services will be provided in locations where the largest numbers of homeless individuals are located. Outreach workers will seek out and maintain contact with homeless persons all over Maricopa County in areas such as the streets, river-bottom, shelters, desert campsites, parks, and hospitals. They will provide assistance with food boxes, sack lunches, water, transportation, hygiene items, clothing assistance or referrals, emergency shelter placement assistance, transitional and permanent housing coordination and moving assistance, as well as living skills coaching and training to those requiring assistance with daily living. PATH will receive the following In-kind donations from community supporters; \$4,800 cash donations from a private supporter to provide emergency assistance to homeless or imminently homeless families, \$10,000 in hygiene kits and clothing from the Mental Health Guild and the Celebration of Life Church to be distributed to the homeless mentally ill encountered by PATH, \$7,200 in pastries donated by Starbucks Coffee, \$3,000 in sack lunches provided by St. Mary's Community Kitchen, and \$3,000 in water donated by a local group of senior citizen supporters in the Corte Bella Community of Sun City Arizona.

Collaboration with HUD

Southwest Behavioral Health Services, Inc. has been a participant in the HUD Continuum of Care, offering services to the homeless population, since the beginning of the local homelessness planning effort in the Phoenix metropolitan area and Maricopa County. SBH's PATH staff has participated over the years at the meetings of the Continuum of Care Regional Committee on Homelessness sponsored by the Maricopa County Association of Governments. This committee for the past several years has been the coordinating agency for the local response to HUD's annual SuperNOFA, which is the federal government's offering of funds available for services and housing for citizens who are homeless throughout the USA. The task of this Committee is to oversee the development of an effective plan to address homelessness in the region. In addition, the Committee has taken responsibility for the annual funding application submitted to HUD. The HUD funds have provided millions of dollars to agencies serving the most vulnerable homeless people. There are several subcommittees of this steering committee. There is a Planning committee, a Service Gap analysis committee and a HMIS Advisory Group committee. The task of these subcommittees is to research and develop effective policies and practices to provide an array of services to homeless people in Maricopa County. Prevention, emergency shelter, transitional housing and permanent housing with supportive services are included in this continuum.

SBH staff and PATH staff specifically have participated on these committees over the years and will continue as needed. SBH has three housing programs specifically funded through the current local continuum's efforts and has since the current inception of the local continuum has been in effect. Two of these programs house persons who have a serious mental illness and are homeless and the other houses individuals and families who are infected or affected by HIV/AIDS. SBH PATH outreach workers have for several years and will continue to help plan, coordinate and conduct the actual count in the annual street count of the homeless population that occurs to qualify for the U.S. Department of Housing and Urban Development (HUD) Stuart B. McKinney Continuum of Care (CoC) Awards. Last year the Arizona was awarded over \$19 million for homeless projects. Results from the count are useful for "(1) service planning; (2) demonstrating a need for resources in the CoC application; (3) raising public awareness about the issue of homelessness; (4) accurately measuring and identifying the needs of populations that are hardest to serve (chronically homeless); and (5) measuring performance in eliminating homelessness, particularly chronic homeless".

Collaborations with Local Community Organizations

SBH and specifically PATH staff are involved in the ongoing development of the Day Resource Center, which recently opened as a unified central location where persons who are homeless can be in one place and have many of their needs addressed. PATH Staff will continue to be involved in this effort. Southwest Behavioral Health Services Homeless Outreach Team has become a primary resource to the Magellan Crisis System, who utilizes PATH services on a regular basis. PATH will continue working with Magellan Crisis System, providing coordination of care, as well as informative sessions about PATH services to the staff of Crisis System. Southwest Behavioral Health Service will include medications cost as a line item in the PATH annual budget, which will be used to assist clients who either don't have medication coverage, or are unable to cover prescription co-pays. Southwest Behavioral Health Services Homeless Outreach

Team will provide assistance with getting prescriptions filled by first utilizing available prescription assistance resources and, when other resources are unavailable, financial assistance may be provided. PATH has established an arrangement with Saliba's Pharmacy for prescription filling and delivery. Magellan has assigned an Evaluator to work with the Outreach team daily. This evaluator is available for in-office as well as field evaluations. The outreach workers will conduct thorough mental health screenings and assessments, and schedule mental health evaluations for service eligibility. PATH will assist clients with the appeals process, and will advocate for services on behalf of the client. PATH will assist clients in transitioning into Mainstream services, and will work with the case manager and client, providing information, support, and assistance with service acquisition. Referrals will be made for wrap-around services, permanent and affordable housing, transportation, and entitlements. The outreach workers will make referrals to substance abuse treatment programs, including detox, in-patient, out-patient, residential, and support groups. Southwest Behavioral Health Service is focused on recovery throughout its organization, and the outreach team will utilize methods such as the Recovery Model, and Motivational Interviewing techniques to encourage and motivate clients for service engagement and treatment. PATH will work with DES, Social Security, Primary Care Physicians, and the Office of the Ecumenical Chaplaincy to assist clients with obtaining ID's, Birth Certificates, social security cards, and medical records. Technical assistance will also be provided to locate emergency, transitional, and affordable permanent housing placement. PATH will participate in joint outreach efforts along with other Valley Outreach Teams, including, but not limited to Healthcare for the Homeless, Community Bridges, Home base, Tumbleweed, and the Campus Reach Team. PATH is also heavily involved in community education, providing trainings and informative sessions such as Techniques of Engagement, Motivational Interviewing, De-escalation techniques, and Safety during Outreach to other outreach teams, Human Service Campus staff, City of Phoenix, Public Libraries, and many other community providers. Field assessments will be done by the Outreach Specialist, and if necessary, evaluations will be obtained through a direct referral to evaluator assigned by Magellan through their Network Provider People of Color. This evaluator is co-located with the PATH Team at the Day Resource center and is available for on-site as well as off-site evaluations. Referrals can also be made directly to other Network Providers for GMH services while SMI criteria is being evaluated or reviewed, with PATH advocating for an SMI evaluation through the Provider after the client has been in service with them for some period of time to document symptoms, sobriety, and severity of symptoms. PATH staffs are trained in intervention guidelines, and when appropriate, staff will work with Crisis Service Providers such as the County Crisis Mobile Teams, Terros, and Empact to facilitate the immediate acquisition of crisis service, including involuntary interventions when necessary to secure the safety of the client or others. PATH will include a line in the budget to purchase bus tickets and passes to provide transportation assistance to clients. The PATH team will assist clients in meeting their basic needs in a variety of ways, with a large portion of the items donated by other community organizations. The team will provide sack lunches donated by the Community Kitchen, water and blanket donations through the City of Phoenix, clothing donations from churches, staff, and other charitable parties, hygiene kits donated by the Mental Health Guild and the Celebration of Life Church, and access to emergency shelter beds through CASS and the Men's and Women's Overflow Shelter. PATH has a line in the budget to cover these expenses when donations are at a minimum or non-existent. Often PATH clients will have prescriptions but no income source. PATH has a line in the budget to address this

concern, and will assist clients when possible, with co pays, and in some cases, the full purchase cost. PATH seeks out alternative sources such as St. Vincent De Paul for assistance, but when other sources are not available, SBH has included a line in the budget to address these expenses. PATH has had a positive working relationship and arrangement with Saliba's Pharmacy to provide prescription filling and delivery service. Upon obtaining housing placement, our clients are usually faced with the dilemma of how to move or retrieve their belongings from storage. PATH has 8 vehicles available, including 2 pickup trucks which can and will be used to assist clients with moving. PATH will be providing technical assistance as well as financial assistance such as security deposits, move-in cost, application fees, and 1st month's rent assistance to PATH enrolled clients. Whenever possible, the team will seek out alternative sources for funds such as the HUD Continuum of Care federal and state housing dollars to house PATH enrolled adults. SBH will include a line in the budget, not to exceed 20% of grant funds, to assist with these housing expenses. SBH is dedicated to making the transition into case management system as smooth, problem free, and successful as possible. PATH staff members accompany clients to their initial appointments whenever possible, providing information to the case manager regarding the particulars of the individual, where they hang out, interest, behavioral tendencies, etc. Staff can and often are members of the client treatment team, and are very useful in keeping clients engaged in treatment. Transition periods vary, but and understanding between the RHBA and the PATH Team allows for contact up until 1 year after client has been transitioned if necessary. PATH staff will participate in Summer and Winter Respite Programs sponsored by local municipalities such as the City of Phoenix, including Police and Fire, United Way, MAG, and Arizona Department of Health Services for the distribution of water, blankets, clothing and other weather related items aimed specifically at serving homeless residents. Staff will provide information about location of sites, shelter referrals, and referrals for other services as needed.

Services Provisions

The SBH PATH team anticipates approximately 3000 people will be contacted. Approximately 2000 of those contacted or 33% will become enrolled. An estimated 85% will be "literally" homeless with 15% imminently homeless. The services provided by the SBH homeless outreach program are:

- Street Outreach activities and Community Education
- Case Management
- Field assessments and evaluations
- Intake assistance/ emergent and non-emergent triages
- Transportation assistance
- Assistance in meeting basic skills
- Transition into the Magellan Case Management System
- Interim Case Management
- Referrals to alcohol and drug treatment, primary health services, rehabilitation, and job training.
- Medication and assistance in getting prescriptions filled
- Moving assistance

- Move-In/Keep-In Assistance
 - Housing referrals both transitional and permanent placements.
- SBH's PATH Team will continue using its data to identify gaps in services and systems, and will continue providing this information to the MAG Continuum of Care, State, and other local municipalities. Data from the PATH has been used in the past to identify unmet needs, and trends for example, last year there was an increase in patients being released from hospitals and dropped off in hospital gowns, no contact or information regarding their condition. The PATH team identified this trend and relayed it on to the Human Service Campus Advisory Board, the Arizona Department of Health Services and Healthcare for the Homeless, who then began monitoring and reporting these incidents to local hospital administrators, who then eventually resolved this concern and eliminated this practice. Another gap in systems identified by PATH last year was the increase of individuals being released or discharged from crisis centers or urgent care centers and referred to the Human Service Campus, without any information on the client condition or needs. Using data collected in PATHnet on referral sources and submitted to HMIS, PATH presented this information the Maricopa County Crisis Advisory Board, who in response, came up with a colored referral form which was to be issued to clients upon discharge and presented to any staff on the Human Service Campus, and without revealing sensitive information, the form served as a red flag to staff, indicating that the client was recently seen at a crisis center, and the name and phone number of the referring source. This has resulted in many more clients receiving the specialized assistance needed to connect them to services. Current gaps in services include limited family shelter beds. The number of homeless families appears to be on the rise, with a noticeable increase in cases involving domestic violence, especially when one (1) or more members of the family has a mental health or substance abuse problem, therefore creating an increase in the number of homeless women with children. The lack of available services for this population is best illustrated by the increased number of homeless youth on the streets whose parent(s) are often substance abusers and/or mentally impaired. Increasingly, there is still a need for more services for elderly homeless individuals, particularly in the area of housing and medical care. Elderly individuals often do not meet the medical criteria for Arizona Long Term Care Services (ALTCS) because many are not old enough for Medicare. There also are growing numbers of elderly homeless who have, or have had, a severe substance or alcohol dependency. With the combination of their organic disorders and mental health problems, this population is among those at greatest risk. The PATH Outreach Team expanded its outreach efforts to this population and will continue advocating for community and State resources for assistance in these areas.

Other areas that present a challenge to PATH's efforts are:

- Increase number of homeless individuals and families moving to Maricopa County
- Increase in HIV/AIDS among the homeless and abandoned and/or runaway youth
- Lack of affordable permanent and affordable housing

- Limited S/A treatment Programs for low/no income individuals
 - Minimum services available for undocumented individuals
 - Limited number of shelter beds during the summer months
 - Limited number of family shelter beds
 - Limited SMI Emergency housing and drop-in centers
 - Counseling, job placement and treatment for those with a criminal history, sexual offenders released from prison.
 - Services for homeless pregnant females with Serious Mental Illness
 - Services for homeless families, specifically those homeless due to domestic violence
 - Another critical area of need for homeless individuals with a serious mental illness is for those that have substance abuse issues. This gap in service includes not only residential treatment but also outpatient services that can deal with the combined issues of homelessness, substance abuse and serious mental illness.
- SBH has been very successful in identifying and establishing contact with persons who are homeless and have a dual diagnosis by using the PATH outreach team. Maricopa County Health Care for the Homeless and Blueprints are additional homeless outreach programs specifically designed for substance abusers. The PATH team collaborates with these organizations to serve and outreach the population. There are limited services available that can meet the complex needs of persons who are homeless and have a dual diagnosis. The first need is for safe shelter. Because many shelters will not take people who are intoxicated, people with a dual diagnosis often end up on the streets or in jails. PATH funds will be used to purchase short-term motel/ hotel room vouchers for emergencies or until suitable shelters or housing can be found. There are inpatient beds available for treatment of persons with a dual diagnosis, although limited in number. There can be a several month waiting period for a bed so the SBH outreach team is aggressive in maintaining contact with these clients and advocating for available treatment slots. In addition to the 32 beds, there are 23 Sort beds available for detox throughout the Magellan Crisis system. Though not part of Magellan Crisis system, NOVA Safe Haven operates a day program with a seclusion room for persons who are inebriated or under the influence of drugs and need to be medically monitored while withdrawing from substances. They have a total of 25 beds. The PATH staff makes recommendations for referrals to Magellan specialty clinical teams that serve people with substance abuse problems. The Path Outreach Team is very aggressive in maintaining contacts with people who are on waiting lists and continue to advocate for the person's acceptance into a substance abuse program. Magellan continues to work with the community to develop a more comprehensive service delivery system for people who co-occurring disorders. PATH is utilizing the Terros Ladder Program and Extended Evaluation Program to assist those that may be Dually Diagnosed, but are awaiting SMI determination. This program provides outpatient counseling and therapy to clients who have mental illness and substance abuse symptom logy. PATH also makes referrals to Community Bridges for detox, and substance abuse treatment services. Community Bridges is located on site, and offers individual and group counseling sessions daily, detox and relapse prevention assistance, and residential treatment placements.

- The PATH team Director and team leaders will be trained at data migration policies and procedures, and will undergo HMIS trainings for proficiency enhancement. Southwest Behavioral Health Services will continue to promote the PATH team's participation and involvement in evidenced-based practices and trainings. A line item has been entered in our proposed budget to support such trainings/opportunities.
- Southwest Behavioral Health Services has and will continue to support HMIS trainings and activities for its staff. A line item has been added to our proposed budget to develop or purchase the necessary software and hardware to facilitate data migration from PATHnet to HMIS.

Data

The PATH Team currently uses the PATHnet Database System to collect and store data, print reports on demographics, and as a case management tool to track and monitor client progress, develop service plans, track appointments, and measure staff productivity. A demographic report is generated and provided to the Day Resource Center Manager, and entered into HMIS by an HMIS employee assigned to enter information from the Day Resource Center. The Southwest Behavioral Health Services will begin working with HMIS and Community Information and Referral (the local HMIS Administrator) to develop a systems link for direct real-time data transfer of demographic information from the PATHnet System into the HMIS system which will be fully operational by June 2014.

Access to Housing

PATH will assist clients with housing by providing technical assistance in the application process, coordination of housing services, motel vouchers, security deposits, application fees, and 1-time only "Move-In, Keep-In" assistance. The PATH team will continue working with Project H3, a housing first model targeted to the 50 most vulnerable homeless adults in Maricopa County. These individuals were chosen because of their at-risk for death factors of being chronically homeless, with major medical, mental health, and substance abuse problems. PATH staff members function as Navigators with Project H3 along with Community Bridges and many other service providers, and housing agencies. The PATH Navigators act as advocates on behalf of these individuals to access any and all needed services, and assist them with maintaining their housing. Magellan has contracts with a variety of agencies throughout Maricopa County to provide housing options to people who are homeless. Magellan has the following types of housing services available: twenty-four hour supervised residential care, semi-supervised residential, supported living apartments and independent housing. Persons who are seriously mentally ill and homeless receive priority for openings. The mainstream mental health system has 775 residential slots. Magellan also assists in funding three different shelters for persons who have behavioral health problems. One shelter is only for persons who have a serious mental illness and are homeless; the other two are transitional programs for persons who are homeless, one of which is for persons who are both Seriously Mentally Ill and HIV only. They also have a Safe Haven Program that provides housing and services homeless people with a dual diagnosis.

Magellan has a contract with the Arizona Behavioral Health Corporation which has over 1,800 vouchers of Continuum of Care slots for adults with serious mental illnesses. The PATH Team is successful in placing their PATH enrolled clients in these slots.

Staff Information

The PATH staffs are representative of the racial/ethnic diversity of the clients they serve, and the team receives annual mandatory training in cultural competency. The PATH Director also facilitates Cultural Competency training to SBH staff and all new hires on the Culture of Homelessness. 50% of the staff is individuals who have experienced homelessness. Of the 13 PATH staff members, 3 are female, 4 are Hispanics and Bilingual, 2 are Black, 6 are Caucasian, and 1 Indian. Their ages range from the mid twenties to early fifties. 6 PATH staff members have 17+ years, each, experience working with the homeless and Seriously Mentally Ill populations. Several staff members have received or are currently receiving mental health treatment. The strategies found to be most effective in reaching the “hardest to serve” homeless persons consist of the following actions / attitudes:

- Respect
- Being non-judgmental (unconditional positive regard)
- Active listening
- Being authentic or genuine
- Demonstrating patience and consistency to establish trust / rapport
- Immediate assistance with basic needs (food, water, clothing, safety, shelter, health)
- Advocacy for entitlements (SSI, GA, VA, AHCCCS, etc.)
- Frequent face-to-face contact (preferably where the person is located)
- Thorough explanation of rights, responsibilities, and services available
- Being supportive through the intake / evaluation process
- When necessary taking the evaluation process / service to the person
- Providing interim case management as needed to assist in transition to permanent case management services
- Humor and the ability to laugh and smile
- Being culturally sensitive
- The ability to provide bilingual / interpretive services
- Being sensitive to the stigma of being labeled as Seriously Mentally Ill
- Utilizing Motivational Interviewing Skills
- Identifying where a client is in terms of the Stages of Change

Client Information

PATH clients cover a vast demographic spectrum, 24% women, 76% men, 45% White, 28% Black, 17% Hispanic, and 4% Native American, with the average client being a 35-year old white male. Women and families appear to be on the increase. The average client is chronically homeless and not currently receiving treatment, although they may have been in the past. They are treatment resistant, and require an average of 3-6 months before enrolling in case management.

Consumer Involvement

Clients are involved fully in their treatment planning process from beginning to end, and PATH welcomes and encourages family involvement whenever possible. There is the utilization of customer satisfaction surveys and solicitation of client and family input, provide input on the planning, implementation, and evaluation process annually for the PATH program. PATH eligible individuals serve on the Board of Directors, and Mental Health Advisory Board, and are an intricate part of our service delivery system.

(Cochise County)
Community Partnership of Southern Arizona
Good Neighbor Alliance

Local Provider Description

Community Partnership of Southern Arizona (CPSA), a private non-profit, is the Regional Behavioral Health Authority (RBHA) for Pima County designated by the state of Arizona to coordinate and manage publicly-funded behavioral health service for children, adults and their families since 1995. Good Neighbor Alliance (GNA) is a community-based 501(c) (3) non-profit organization. GNA operates *Samaritan Station* emergency homeless shelter for men, women and families with children in Sierra Vista, AZ, the economic and population center of Cochise County. The goal of GNA is to offer shelter and access to services to help stabilize guests, and provide security and their most basic needs throughout their transition out of homelessness. In addition to shelter, GNA provides a half-day drop-in program for shelter guests to take respite from the extreme desert summer heat and dangerous summer monsoon storms. This is also time for case planning and meetings. For our unsheltered neighbors, GNA provides a shower program three days per week. The PATH team has taken ownership of the shower program for extensive in-reach opportunities. It has been a valuable tool in creating a trusting bridge for our chronically homeless neighbors. GNA provides all toiletry items, towels, etc. Shower participants are also offered coffee, snacks, fellowship and assistance in identifying resources. Unsheltered neighbors are also invited to the evening meal served at GNA. In November 2010, GNA was awarded Homeless Prevention and Rapid Re-housing funds from the Arizona Department of Housing (ADOH). GNA was one of the only two shelters in Arizona awarded these funds. This HPRP program was funded through the American Recovery and Reinvestment Act which ends August 2012. GNA also has been awarded funds from the Arizona Department of Veteran's Services to assist veterans' transition out of homelessness with move-in assistance from the Veteran Assisted Supportive Housing (VASH) Program. GNA was awarded the PATH grant from CPSA in December 2010. CPSA will receive from the Arizona Department of Health Services/Division of Behavioral Health Services and pass through to GNA \$33,012 in federal PATH funds, and \$11,004 in matching state funds, for a total of \$44,016. The GNA PATH Outreach team plans to contact and engage 37 individuals and will attempt to enroll at least 55% or 19 adult clients using PATH funds.

Collaboration with HUD Continuum of Care Program

Good Neighbor Alliance is an active member of the Arizona Balance of State Continuum of Care (CoC) for almost 10 years and has served as co-chair twice. GNA has been responsible for organizing the HUD mandated biannual unsheltered street count from 2005 through 2011 for Cochise County. GNA is on the Balance of State CoC Unsheltered Count Planning Committee to ensure that all counts are done consistently throughout the Continuum. A summer 2012 Count is being planned both to collect data on our homeless neighbors as well as to fine tune questionnaires and proposed statewide procedures. The executive director of GNA, Kathy Calabrese is considered to be a leader in homeless issues throughout Cochise County. The Cochise County Continuum of Care has conducted yearly gaps analysis with the assistance of

Arizona Department of Housing (ADOH) and CPSA. As a result, CPSA has secured funding for project and tenant-based housing programs and the PATH team.

Collaboration with Local Community Organizations

GNA PATH coordinates with organizations that provide key services to PATH clients. These organizations include Centpatco, the RHBA in Cochise County, Bisbee Coalition for the Homeless, Open Inn-Cochise County Children's Center, Forgach House and House of Hope Domestic Violence Shelters, the Housing Authority of Cochise County, the AZ Department of Veterans Services (AZDVS) Benefits Counselors, the Sierra Vista VA Community Outpatient Based Clinic and Homeless Case Manager, Tucson VA Homeless program, Women's Transition Program, Southeastern Arizona Behavioral Health Services and Housing Department (SEABHS), Arizona Counseling and Treatment Services (ACTS), Chiricahua Community Health Centers, St. Vincent De Paul, Verhelst House for Men, and Cochise County Drug Court. The GNA-PATH team provides referrals to the local RHBA agencies that include ACTS, SEABHS and Alternatives Counseling. GNA has worked directly with Alternatives Counseling, ACTS and Cochise County Drug Court in assisting a mutual client. PATH has provided referrals and prescription co-pays and housing in the GNA shelter. This has been an outstanding collaboration and GNA-PATH has been invited to participate in statewide training with the Cochise County Probation Department. GNA-PATH assists the local VA Homeless Social worker with the homeless veteran population by providing housing in the GNA-Shelter, and referrals to needed services. GNA has been awarded funds by the Arizona Department of Veterans Services (AZDVS) to assist these veterans with move-in assistance in their transition into the HUD-VASH housing program. The Housing Authority of Cochise County (HACC) is the oversight agency for the HUD-VASH vouchers. The Executive Director of GNA serves as a commissioner on the HACC Board.

With the latest AHCCCs cuts, Chiricahua Community Health Clinic has been very accommodating to our PATH clients. They are income based and we have been reassured by the CEO that our clients will not be turned away for medical care. They provide limited mental health care by their General Practitioner Physicians. St. Vincent De Paul assists our clients with funding to obtain duplicate IDs that have been lost or stolen.

Service Provision

The GNA PATH team has Good Neighbor Alliance as a resource in identifying and working with those who are "literally homeless." GNA's *Samaritan Station* shelter has been serving individuals and families experiencing both temporary and chronic homelessness episodes since 2003. For much of the local community, GNA is known as the "go to" organization for anything having to do with homelessness and advocacy for those experiencing homelessness. It has been a continual goal for the staff to be "in the know" about resources for services to assist those who are poverty stricken, homeless, and family members trying to help their loved ones. The executive director has made many valuable contacts making it easier to break barriers and cut through the red tape for those that need assistance navigating through frustrating levels of systems. The reputation of GNA has proven to be a valuable asset to the PATH team in terms of time invested in establishing such contacts. Activities to maximize the use of PATH funds to

serve adults who are literally homeless include outreach on the street and in desert camps and in-reach at GNA Shelter and the Bisbee Coalition for the Homeless shelter. Evening meals at both shelters offer the opportunity to form alliances and engage individuals experiencing homelessness.

Street Outreach and Case Management

The GNA-PATH team services align with the priority PATH goals of street outreach and case management. As an emergency homeless shelter GNA is in a unique position for housing and case managing. The shelter stands ready to provide a bed. GNA has held beds for this clientele as we know that this is a huge step for them. GNA PATH staff will provide case management services for PATH enrolled clients, including referrals to the RBHA for behavioral health and substance abuse treatment. The PATH team will assist with applying for ID, AHCCCS, Food Stamps, SSI/SSDI, Veteran benefits, peer counseling, assistance with obtaining physical health treatment, and applying for permanent supportive housing. Other services may include: personal care assistance, pre and post job coaching, referrals to job training (workforce development), health promotion/education, substance use prevention and supports with living skills development. Members of the PATH team assist the client with making the appointments and physically getting most clients to needed appointments. The PATH team helps the clients navigate through systems to help overcome barriers that they encounter. Ultimately, the PATH team helps clients reengage into the systems which they feel have shunned them. Strategies for outreach: The GNA PATH team members conduct outreach throughout Cochise County which includes Benson, Bisbee, Douglas, Sierra Vista, and Willcox. The team also works with the guests of Good Neighbor Alliance *Samaritan Station* Shelter and Bisbee Coalition for the Homeless which house males and females, and families experiencing homelessness. Programs such as GNA's Day Shower Program, Comfort Zone consumer-run clubhouse, and Open Inn-Cochise County Children's Center will also be used for identifying adults and families experiencing homelessness or at risk of becoming homeless.

The Team has adopted a "meet me where I am" strategy. The team will provide food, hygiene and health items, referrals and advocacy and will continue contact with PATH eligible individuals during the outreach process of engagement to establish a therapeutic alliance. Case management can be done "on the spot" in camps, at the GNA Shower Program, or at the GNA PATH office. The team is ready with a cell phone and a list of resources during all encounters.

Potential consumers and those already PATH enrolled are not treated as a number or part of the cattle call approach often experienced by people seeking services. This approach often alienates many of those experiencing homelessness. GNA has been instrumental in getting chronically homeless individuals to agree to accept mental healthcare. Discussions are currently proceeding with a behavioral health provider concerning the difficulty for individuals experiencing homelessness who are mentally ill to be put into a group setting and be required to participate. Persons experiencing homelessness often feel betrayed by those employed by service providers. The GNA approach is; if a promise is made to the consumer, the promise must be kept. GNA PATH is about connecting, gaining trust and treating people with respect at all times.

Gaps in the Current Service System

The largest and most devastating gap is the loss of ACCCHS insurance for single adults experiencing homelessness who are vulnerable. This includes those experiencing mental health illnesses, substance use disorder and those in poor physical health. Mental health service providers are charging co pays and those who are insured have to pay co pays as well. A gap or issue that we encounter frequently is the lack of availability of physicians servicing Cochise County. Patients must travel to Tucson for services. This creates a greater burden on travel expenses, coordinating travel with AHCCCS transportation and on the GNA-PATH travel budget. Round trip to Tucson from Sierra Vista is approximately 150 miles. Another issue is that there has been a new RHBA in Cochise County that has created confusion with community agencies. They are unfamiliar with the new providers and don't know where to refer PATH enrolled clients for services. Also, this may contribute to longer waiting time for appointments, etc.

Services available for clients who have both a serious mental illness and substance use disorder.

Services available for PATH enrollees who have both mental illness and co-occurring substance use disorder include outreach, case management, peer support, substance abuse counseling and relapse prevention groups, Alcoholics Anonymous, Narcotics Anonymous, and SMART Recovery.

GNA-PATH provides referrals for women with substance use disorder to Women's Transition Project (WTP) while men are referred to the Verhelst House. GNA-PATH is kept aware of their progress to help in their transition upon graduation from these programs. On several occasions, GNA has referred veterans to the Tucson Homeless Veteran program and the local HUD-VASH program for housing and services. Young Adults are referred to the Open Inn Housing Voucher Program. Women experiencing domestic violence are referred to the Forgach House, the DV shelter in Sierra Vista and the House of Hope in Douglas.

Describe how the local provider agency pays for/provides or otherwise supports evidenced-based practices, training for local PATH-funded staff, trainings and activities to support migration of PATH data into HMIS?

CPSA provides paid training on evidence based practice training, motivational interviewing and cultural competence. GNA-PATH is at a disadvantage in the rural community and must travel 150 miles round trip to attend training. The SAMHSA-PATH website does provide for additional training opportunities. GNA-PATH has been part of the HMIS system since the beginning of our initial PATH contract in December 2010. Arizona Department of Housing provides and pays for HMIS training for AZ Balance of State Continuum of Care service providers.

Data

Good Neighbor Alliance has been utilizing HMIS for PATH services since we contracted with CPSA in December 2010. Also, as part of the Arizona Balance of State Continuum of Care, GNA must input shelter and HPRP data into the HMIS system. GNA received an “A” on for data quality report card during the last our last quarterly report period. The report card has been recently implemented by Symmetric Solutions and Arizona Department of Housing (ADOH) to increase the value of the data being captured and ultimately input into this system. The goal is to prepare better and more accurate reports to HUD, etc. GNA has been a part of the HMIS system since 2006. GNA complies with data collection, contractual obligations for all employees working with the HMIS system as well as attending training opportunities. ADOH pays for HMIS training, licenses, and all costs related to HMIS for all organizations inputting data into the Arizona Balance of State HMIS Continuum of Care system.

Access to Housing

Strategies for permanent housing available to PATH enrolled clients include referrals to assisting clients to apply for state and federal subsidized housing programs such as Section 8, Shelter Plus Care (SPC), and Supportive Housing Programs (SHP). Emergency shelter referrals are made to Good Neighbor Alliance shelter, Bisbee Coalition for the Homeless shelter and Catholic Community Services domestic violence shelters. GNA PATH works directly with the local VA Homeless Case Manager for referral to the VASH voucher program. Cochise County was awarded 25 VASH vouchers initially in 2010. The Housing Authority of Cochise County Board (HACC) recently voted to designate the chronically homeless as a priority population for Housing Choice Vouchers Program (Section 8). Referrals are made to the GNA HPRP program to provide temporary housing while working on individuals’ stability and while they are on the waitlist for other programs. This helps to minimize one’s time on the streets or in a shelter.

Staff Information

The GNA PATH team will be trained, at least annually, on cultural competency and shall treat all PATH contacts and enrolled members with unconditional dignity and respect regardless of age, sex, race, national origin or any other factor. The philosophy of the staff of GNA has always been to treat all those we serve with respect as most will respond in kind. GNA is sensitive to age (we have served adults from the age of 18 through 89), as well as gender and culture. GNA has translators available to assist as needed.

Client Information

The demographics of assumed PATH Cochise County clients, based on the population of county and current guests who are involved with GNA are as follows: 77% male, 23% female, 59 % White, 11% Black/African American and 25% Hispanic. The demographics of GNA staff (including the GNA PATH) are 27% male, 72% female, 18% White, 9% Hispanic. 90% of adult clients served with PATH funds are projected to be literally homeless. GNA PATH Outreach team plans to contact and engage 37 individuals using PATH funds and enroll at least 19 adult clients.

Consumer Involvement

GNA PATH subscribes to providing professional services that are culturally and ethnically competent, gender specific, age appropriate, consumer friendly and family driven. GNA PATH team will always involve clients and family members in the planning, implementation and evaluation of PATH services. Family members are also referred to the local National Alliance for Mental Illness (NAMI) for information, education and support groups in helping their loved ones cope with mental illness. Two GNA employees have family members who suffer from mental illness and one employee has a family member with a substance use disorder. GNA has one employee who at one time was a shelter guest. The GNA Board of Directors has one board member who has experienced homelessness.

(Pima County)**Community Partnership of Southern Arizona (CPSA)
La Frontera Center/RAPP Project Connect****Local Provider Description**

The Community Partnership of Southern Arizona (CPSA), a private non-profit, is the Regional Behavioral Health Authority (RBHA) for Pima County designated by the state of Arizona to coordinate and manage publicly-funded behavioral health services for children, adults and their families since 1995. CPSA will receive PATH funds from the state and contract with La Frontera Center (La Frontera). La Frontera RAPP Project Connect team that will provide PATH services in the Tucson metropolitan area, as well as smaller suburban and rural communities in Pima County. La Frontera is a private, nonprofit community provider of adult and children's behavioral health services, prevention, employment, crisis intervention, housing and community and cultural education since 1968. La Frontera is committed to providing services that respect the consumer's cultural background, including his or her race and ethnicity, family composition, religious beliefs, age, and sexual orientation. American Sign Language and oral interpreter services are available upon request and at no charge to the client. Vital documents are available in Spanish; additional documents will be translated upon request. Documents can also be translated into Braille as needed. As part of its ongoing effort to provide culturally competent services, La Frontera has developed three assessment tools to assist in evaluating and improving service provision. These are: "Building Bridges: Tools for Developing an Organization's Cultural Competence"; "Growing Healthy Families: Tools for Developing an Organization's Family Strengths-Based Services"; and, "Teach Women to Fish: Tools for Developing an Organization's Services to Women". La Frontera believes that support in the form of "family" (as defined by the consumer) is extremely beneficial to the recovery from and prevention of mental health and substance abuse. The consumer's natural support system will be encouraged to participate in services if the individual so chooses. All services and written information at La Frontera are confidential as mandated by federal and state laws, rules and regulations. Consumers served will be individuals experiencing "literal" homelessness, who are 18 years of age or older, and appear to have symptoms of serious mental illness

CPSA will receive and pass through to La Frontera \$350,200 in Federal funds and \$120,344 in State funds, for a total of \$470,544. The RAPP Team was recently awarded \$42,876 from City of Tucson ESG funds to provide outreach to the City of Tucson.

The PATH/RAPP team will focus on individuals who are "literally" homeless as the priority population. Utilization of activities to maximize the use of PATH funds to serve adults who are "literally" homeless will include conducting daily, assertive, homeless camp and street outreach, also seeking out individuals at feeding and service sites, and inviting individuals encountered to utilize the RAPP drop-in center. The PATH/RAPP team will continue to participate in Pima/Tucson Project Homeless Connect, the local Common Ground 100,000K homes effort called 51homes in Pima County and VA Veterans Stand Down events in an attempt to meet and engage individuals experiencing "literal" homelessness. All individuals encountered will be screened for PATH services and individuals who are "imminently" homeless will be referred to

prevention programs that can provide rental and/or utility assistance to prevent “literal” homelessness.

The PATH/RAPP team will focus the majority of the staff’s time, energy, and resources on the street outreach and case management activities as priority services. During street outreach activities the team will use a “meet me where I am” low demand, strengths-based approach with the goal of forming alliances with individuals experiencing homelessness. Once alliances are formed, the PATH team will work with individuals to meet self-identified goals. The RAPP outreach team is often contacted by members of Tucson Police Department, downtown business people, churches, concerned citizens, neighborhood associations, and family members to respond and assess an individual on the street experiencing homelessness. The RAPP Clinical Supervisor, who is also a Registered Nurse, will conduct outreach, one morning per week, to provide outreach to homeless camps. The RN will assess individuals in the homeless camps for mental health/physical health concerns, and provide referrals and/or other intervention as needed. Individuals who camp in remote desert areas often have numerous healthcare needs that go unmet, and are often unable or unwilling to access traditional healthcare facilities. Being able to provide nursing support, such as advice, a band-aid, sunscreen, or a bottle of water to these individuals “in the field” is also another engagement strategy for building trust and rapport. A homeless individual who is unwilling to interact with a Case Manager or other outreach worker may be willing to interact with a nurse, especially if they are experiencing health concerns that are not being addressed. The RN can also provide education about dehydration, heat stroke, feet problems and other issues faced by individuals experiencing homelessness. RAPP is the only outreach team currently providing this service in the Tucson area. The outreach team will provide individuals with basic supplies including blankets, hygiene kits, hats, gloves, clothing, sunscreen, water, bus passes, and referrals to needed services. Historically, it is from this point of contact in the individual’s environment that new participants have entered the RAPP program. The RAPP team will conduct weekly outreach clinics at Primavera’s Homeless Intervention and Prevention Program drop-in center and Casa Paloma Women’s drop-in center as well as the Casa Maria Soup Kitchen. In-reach will continue to be conducted in the RAPP drop-in center where all new guests are screened and assessed on a daily basis. The RAPP team will provide case management services to all PATH consumers based on the recovery model, which focuses on the strengths of the individual, are “person centered” and culturally competent. PATH consumers enrolled with Community Partnership of Southern Arizona (CPSA) will receive a comprehensive assessment, with emphasis on the unique qualities and culture of the individual, and a client-driven service plan and crisis plan will be developed utilizing the entire RAPP team, consumer, family members, probation officer or any other persons the consumer wants to have involved in their Adult Recovery Team. RAPP clients enrolled with CPSA will meet with the RAPP Psychiatrist, for initial psychiatric evaluation and diagnosis, and monthly thereafter. The Psychiatrist will prescribe and monitor the effectiveness of medication and may order lab tests as indicated. Staff will strive to build a therapeutic alliance with the consumers to assist them to meet the self-identified goals of their service plan. Case management services include, but are not limited to, assistance with obtaining identification documents; applying for mainstream benefits such as food stamps, AHCCCS, SSI/SSDI (case managers assist with the paperwork and accompany consumers to appointments); assistance with obtaining education and/or employment; coordination of health care, such as referral to El Rio Healthcare for the Homeless program, or obtaining a Primary Care Physician once healthcare benefits are in place; placement

in a shelter or the Sonora House Safe Haven, assistance with locating and obtaining permanent housing; accessing individual and group counseling and substance abuse treatment; and linking the individual with other local social service agencies and mainstream benefits to meet the individual's specific needs. Emphasis is placed on opportunities for socialization and establishment of community and natural support systems. CPSA enrolled consumers are referred to programs at the consumer-run clubhouses, Hope, Inc., and Our Place Clubhouse. RAPP team staff will continue to work with CPSA Housing and La Frontera's Housing to provide permanent, housing opportunities for PATH consumers through the HUD Shelter Plus Care grants. These housing opportunities are based on a "harm reduction/housing first" model and are available for individuals who are not ready for complete abstinence from alcohol and/or other substances. RAPP consumers who become enrolled as members of CPSA receive intensive case management for 6-9 months and are then transitioned into mainstream mental health services and followed under RAPP's Critical Time Intervention program. RAPP's Critical Time Intervention program has been in effect since 1999 and was designed to keep consumers from "falling through the cracks" during the transition period from intensive case management to community-based services. The principal goal of CTI is to prevent recurrent homelessness and other adverse outcomes during the period following transition from homelessness into the community. It does this in two main ways: by providing emotional and practical support during the critical time of transition; and, by strengthening the individual's long-term ties to community and natural supports.

Collaboration with HUD Continuum of Care Program

RAPP Project CONNECT is an active, voting member of the Tucson Pima Collaboration to End Homelessness (TPCH), the local Continuum of Care. RAPP team staff members sit on the Emergency Services Committee and attend monthly general council meetings. RAPP team staff members volunteer their time to provide case management assistance to homeless individuals during Operation Deep Freeze and the Summer Sun Program. RAPP is a Summer Sun drop-in site. RAPP staff will assist TPCH with the annual homeless street count and continue to work with 51homes campaign. RAPP team staff members will continue to provide education and support to a variety of local agencies including conducting crisis intervention training at the Tucson Police Academy, discharge planning with the Arizona Department of Corrections, and education and support to the downtown division of the Tucson Police Department. RAPP team staff members will provide education to Tucson community organizations on the issues of homelessness, mental illness, and co-occurring disorders, with the goal of stigma reduction and increasing community awareness. RAPP team staff members will participate in local events, including Veteran's Stand-Down, and Project Homeless Connect events.

Collaboration with Local Community Organizations

Community organizations that provide key services to PATH eligible clients include all the members of the TPCH CoC. There is a special relationship between RAPP and the Sonora House Safe Haven as they are both projects of La Frontera. All residents and day program participants of the Safe Haven are screened and selected by the RAPP team. Staff members from both programs interact on a daily basis to provide coordination of services for the mutual participants. All PATH consumers are assisted to apply for benefits from DES including

AHCCCS and food stamps and are assisted with this process. Other organizations that provide key services to PATH clients are Compass Behavioral Health, Casa Maria soup kitchen, the Community Food Bank, Grace St. Paul's Church and other faith-based organizations, the Social Security Administration, Pima County Sullivan Jackson Employment Center, Dorothy Krett and Associates employment, and El Rio Healthcare for the Homeless. The RAPP program is now co-located with the El Rio Healthcare for the Homeless clinic allowing the two teams to collaborate to provide seamless coordination of care for PATH consumers.

Service Provision

The PATH/RAPP team will focus the majority of the staff's time, energy, and resources on the street outreach and case management activities as priority services. During street outreach activities the team will use a "meet me where I am" low demand, strengths-based approach with the goal of forming alliances with individuals experiencing homelessness. Once alliances are formed, the PATH team will work with individuals to meet self-identified goals. The RAPP outreach team is often contacted by members of Tucson Police Department, downtown business people, churches, concerned citizens, neighborhood associations, and family members to respond and assess an individual on the street experiencing homelessness. The RAPP Clinical Supervisor, who is also a Registered Nurse, will conduct outreach, one morning per week, to provide outreach to homeless camps. The RN will assess individuals in the homeless camps for mental health/physical health concerns, and provide referrals and/or other intervention as needed. Individuals who camp in remote desert areas often have numerous healthcare needs that go unmet, and are often unable or unwilling to access traditional healthcare facilities. Being able to provide nursing support, such as advice, a band-aid, sunscreen, or a bottle of water to these individuals "in the field" is also another engagement strategy for building trust and rapport. A homeless individual who is unwilling to interact with a Case Manager or other outreach worker may be willing to interact with a nurse, especially if they are experiencing health concerns that are not being addressed. The RN can also provide education about dehydration, heat stroke, feet problems and other issues faced by individuals experiencing homelessness. RAPP is the only outreach team currently providing this service in the Tucson area. The outreach team will provide individuals with basic supplies including blankets, hygiene kits, hats, gloves, clothing, sunscreen, water, bus passes, and referrals to needed services. Historically, it is from this point of contact in the individual's environment that new participants have entered the RAPP program. The RAPP team will conduct weekly outreach clinics at Primavera's Homeless Intervention and Prevention Program drop-in center and Casa Paloma Women's drop-in center as well as the Casa Maria Soup Kitchen. In-reach will continue to be conducted in the RAPP drop-in center where all new guests are screened and assessed on a daily basis. The RAPP team will provide case management services to all PATH consumers based on the recovery model, which focuses on the strengths of the individual, are "person centered" and culturally competent. PATH consumers enrolled with Community Partnership of Southern Arizona (CPSA) will receive a comprehensive assessment, with emphasis on the unique qualities and culture of the individual, and a client-driven service plan and crisis plan will be developed utilizing the entire RAPP team, consumer, family members, probation officer or any other persons the consumer wants to have involved in their Adult Recovery Team. RAPP clients enrolled with CPSA will meet with the RAPP Psychiatrist, Dr. Patty Kane, for initial psychiatric evaluation and diagnosis, and monthly thereafter.

Gaps in the current system include the need for another safe haven for the dually diagnosed consumers who use substances, and the lack of housing for convicted felons and convicted sex-offenders. CPSA and La Frontera are part of the core group working to address this through the 51homes project. More bus passes are needed to help with transportation to services and appointments. Dental care for this population remains extremely limited. . Recent changes in document requirements to apply for mainstream benefits has resulted in many individuals having to wait weeks or even months for these entitlements the Recent cuts to the Arizona Medicaid Program (AHCCCS) have been catastrophic for PATH consumers. Approximately 135,000 Arizonans living in poverty have already lost coverage and it is estimated that the program cuts could ultimately affect 250,000 childless adults living below the federal poverty level. Individuals who were previously enrolled in AHCCCS and failed to re-enroll have also been dropped from the program. The RAPP Team has been utilizing a variety of strategies to assist these individuals including providing mental health and substance abuse counseling, and case management to PATH enrolled individuals who do not qualify for mainstream services, assisting individuals to enroll with El Rio's Healthcare for the Homeless Program, encouraging and assisting individuals to acquire health services through Carondelet's Van of Hope, referring individuals to SAMHC for SMI evaluation so that they will qualify for limited mental health services in the system for persons with a serious mental illness, and referring individuals requiring crisis mental health services to the Crisis Response Center.

Services available for consumers who have both a serious mental illness and a co-occurring substance use disorder include case management services, as well as an Acu-detox clinic 3 days per week, 1:1 counseling, group counseling, health and safety presentations, and referrals to AA, NA, SMART, and relapse prevention services. Services are recovery focused and based on a harm-reduction model.

La Frontera provides and pays for staff training and supports evidence-based practices including, but not limited to Motivational Interviewing, Critical Time Intervention, DBT, Seeking Safety, and Housing First.

Data

The RAPP team has been entering data into the HMIS system since October 1, 2009 and will continue to use the Pima Tucson Collaboration to End Homelessness (TPCH), the local Continuum of Care (CoC) HMIS system. The Continuum of Care, Tucson/Pima Collaboration to End Homelessness HMIS, grantee provides and pays for HMIS training and HMIS activities for every organization that inputs data into HMIS

Access to Housing

The RAPP Team will utilize a number of strategies for making suitable housing available to PATH clients, including, but not limited to referring clients to Sonora House Safe Haven or RAPP's Kleindale Apartment for transitional housing, assisting PATH clients to apply for subsidized housing programs such as Section 8, City of Tucson, City of South Tucson, Shelter

Plus Care and any other subsidized housing programs that the client would be eligible for. RAPP Team staff will assist the client however necessary, including accompanying the client to appointments and assisting with the paperwork. PATH clients with little or no income will be assisted to pursue employment or obtain entitlements if they are unable to work. In addition to the above-mentioned housing programs, RAPP staff members have established relationships with independent landlords who offer affordable rental rates, minimum deposits, and do not require extensive financial or criminal background checks.

Staff Information

Demographic information from the census indicates that the population of Tucson is 69.7% White, 41.6% Hispanic, 5% Black/African American, 2.7% Native American or Alaska native, 2.9% Asian, 0.2% Native or Pacific Islander, 4.2% Two or more races. The demographics of Pima County PATH consumers in FY2011 were as follows: 72% Male, 28% Female, 58% White, 19% Hispanic, 18% Black/African-American, 0.4% Native American or Alaska Native, and 0.02% Asian. The RAPP team employs individuals from diverse cultural backgrounds in an effort to provide services that are culturally sensitive, appropriate, and competent in approach, content, and delivery. RAPP team staff members are sensitive to the age, gender, sexual orientation and racial/ethnic/cultural differences of our consumers, and utilize the strengths of individual team members to meet the unique needs of our consumers. All RAPP Team staff members are sensitive and familiar with the culture of homelessness and treat all consumers with unconditional acceptance. RAPP Team staff will utilize the following strategies to engage individuals who are experiencing homelessness and are diagnosed SMI:

- Demonstrating cultural awareness and sensitivity
- Treating all individuals with unconditional respect
- Motivational interviewing/active listening
- Immediate assistance with meeting basic needs
- Demonstrating patience and perseverance though frequent face-to-face contact
- Demonstrating an attitude of hope
- Advocating for services/mainstream benefits

RAPP team staff range in age from 38-63 years of age. RAPP's part-time Psychiatrist, has been with the program for over 12 years, and is a past recipient of the Compass Behavioral Health Robert Moore award which recognizes an individual that exemplifies exceptional values, beliefs, dedication and high ethical standards in the field of behavioral health in Tucson, Arizona. She utilizes a strengths/recovery oriented approach to working with individuals experiencing homelessness and serious mental illness. Two staff people are Hispanic/Latino and four are Caucasian. Two staff members are Spanish speaking, and the psychiatrist is fluent in Spanish and French. One staff member was homeless for 6 years, one is in recovery from substance abuse, and one staff member is a consumer of services for persons with a serious mental illness. One staff member serves on La Frontera's LGBTQ committee. The artwork displayed in the offices was chosen to reflect the predominant cultures of the southwest. La Frontera Center, Inc. is a nationally recognized leader in the field of cultural competence for behavioral health organizations, and all RAPP team staff receive at least 24 hours of yearly training on topics

pertinent to their job, including cultural competence. When interacting with consumers whose needs exceed the cultural competence of RAPP staff, input is sought from professionals and community resources that can provide additional direction.

Client Information

Through the use of FY2013 PATH funds, the PATH/RAPP team has set the goal to provide outreach to 550 adult individuals who are homeless and may have a serious mental illness, with or without a co-occurring substance use disorder. The PATH/RAPP team goal is to enroll an estimated 420 individuals in PATH. It is estimated that 90-100% of PATH consumers will be “literally” homeless.

Consumer Involvement

All RAPP consumers are active participants in their treatment. RAPP Case Managers meet with their CPSA enrolled consumers weekly, and more often as needed. Individuals meet with the Clinical Supervisor/RN weekly for medication monitoring, and more often if medical/medication issues arise. RAPP Team Case Aides assist and transport consumers to appointments. Informal feedback is elicited from participants and family members on a continuous basis, and formal feedback is elicited in the form of annual satisfaction surveys. RAPP team consumers consistently rate RAPP as the highest in consumer satisfaction within La Frontera’s outpatient programs. RAPP Project CONNECT will continue to involve consumers in educating the community about issues of homelessness, mental illness, and substance abuse, and will continue to employ consumers of behavioral health services. Although many of our consumers have lost contact with family, RAPP staff attempt to involve family members whenever possible in the individual’s treatment, and assist consumers to re-establish contact with family. La Frontera has been employing consumers of behavioral health services as Recovery Support Specialists in a variety of settings for the past three years. Three former PATH consumers have been hired as Recovery Support Specialists, two of whom work at La Frontera Center. One of the RAPP Team Case Aides is a consumer of services for persons with a serious mental illness.

The RAPP Team will make every effort to reduce barriers to accessing effective services that sustain recovery for individuals with mental and substance use disorders who are homeless. The first strategy employed will be to treat each individual encountered with dignity, respect, and unconditional acceptance in an attempt to form an alliance with the individual. Individuals will be assisted to meet their basic needs such as food, shelter, clothing and I.D. The RAPP Team will assess each individual and work with the individual to develop a recovery plan, utilizing the unique strengths of the individual. The RAPP Team will assist individuals to sustain recovery by encouraging them to become active in community supports such as Hope, Inc., Camp Wellness, and Art Awakenings, and by providing Critical Time Intervention Services to former PATH clients. RAPP has recently started hosting Vets4Vets meetings monthly at the Homeless Drop-In Center, and plan to continue hosting these monthly events to provide peer support services to individuals who have served in the military.

Section A: Executive Summary

The Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS) provides Project for Assistance to Transition from Homelessness (PATH) funds to contractors to serve as a point of contact for food, clothing, water, blankets, shelter and other basic living skills to move from homelessness; Create linkages with the behavioral health crisis system; Provide assistance with behavioral health system and/or co-occurring mental health and substance abuse treatment enrollment; Assist in obtaining medical records, picture ID, social security cards and affordable housing; and Conduct outreach and in-reach to adults age 18 and over who are literally homeless.

Organizations to Receive Funds	Organization Type	PATH Funds Received by Provider		Service Area	Estimated Number of Persons to be Contacted	Number of Persons to be Enrolled
Southwest Behavioral Health Services	Community Behavioral Health Provider	\$641,195 (Federal)	\$225,385 (State)	Maricopa County	3,000	2,000
Community Partnership of Southern Arizona (CPSA)(Pima County)	Regional Behavioral Health Authority	\$350,200 (Federal)	\$120,344 (State)	Pima County	550	420
Community Partnership of Southern Arizona (CPSA) (Cochise County)	Regional Behavioral Health Authority	\$33,012 (Federal)	\$11,004 (State)	Cochise County	37	19
Northern Arizona Regional Behavioral Health Authority (NARBHA)	Regional Behavioral Health Authority	\$107,433 (Federal)	\$37,434 (State)	Yavapai County Coconino County	1,500	120
ADHS/DBHS	State Agency	\$47,160 (Federal)	\$0 (State)	Statewide	0	0

Total		\$1,179,000	\$394,167			
		(Federal)	(State)			

All Arizona local PATH teams currently enter data into the Homeless Management Information System (HMIS). Materials received on HMIS from the federal and local levels (e.g.: trainings, presentations, websites, webinars, teleconferences and materials) is shared with PATH funded agencies' Executive Directors, Administrative/Program Directors, Outreach workers and Front Line staff through email transmissions and statewide teleconferences.

Section B: State-Level Information

1. State's Operational Definitions:

- a. Homeless individual- An individual or family who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility that provides temporary living accommodations and an individual who is a resident in transitional housing.
- b. Imminent risk of becoming homeless- An individual of family who meet the following criteria:
 - i. Doubled up living arrangements where the individual's name is not on the lease,
 - ii. Living in a condemned building without a permanent place to live,
 - iii. Arrears in rent/utility payments,
 - iv. Having received an eviction notice without a place to live,
 - v. Living in temporary or transitional housing that carries time limits,
 - vi. Being discharged from a health or criminal justice institution without a place to live.
- c. Serious Mental Illness- A condition of persons who are eighteen (18) years of age or older with a diagnosable mental disorder of such severity and duration as to result in functional impairment that substantially interferes with or limits major life activities.
- d. Co-occurring Serious Mental Illness and Substance Abuse disorders- Persons who have at least one serious mental disorder and a substance use disorder, where the mental disorder and substance use disorder can be diagnosed independently of each other.
- e. Alignment with SAMHSA's Strategic Initiative #3: Military Families- Describe how the State gives special consideration in awarding PATH funds to entities with a demonstrated effectiveness in serving veterans experiencing homelessness:

Provider recipients of PATH funds are required to form working relationships with the Veterans Administration Medical Center, the State Veterans' Services and the U.S. Vets to assist with coordination of services for homeless veterans. This includes coordination of mental health care, benefits assistance, medical care, emergency, transitional and permanent housing to homeless vets and participation in StandDowns and Project Challenge events. This includes developing collaborations with local agencies and hospitals to increase the location and services to Veterans who meet the PATH eligibility criteria.

Alignment with SAMHSA's Strategic Initiative #4: Recovery Support- Describe how the services to be provided using PATH funds will reduce barriers to accessing effective services that sustain recovery for individuals with mental and substance use disorder who are homeless.

The PATH team will play a vital role in maintaining contact between the client and the case manager for follow-up, advocating for housing assistance, continuity of care, as well as providing assistance in meeting basics needs. For those homeless individuals who have a mental illness, and are not receiving treatment for whatever reason, PATH will provide comprehensive and intensive outreach services for an undetermined length of time, with a goal of enrollment into mainstream services. The services provided by PATH will also result in the reduction in the number of SMI clients being homeless through our housing location, placement, and technical assistance. PATH team staff acting as advocates will result in more clients receiving badly needed services. PATH services such as providing food, water, and shelter referrals, providing access to medical and respite care, and emergent and non-emergent interventions may even result in fewer deaths on the streets. Outreach service engagements must account for consumer issues related to gender specificity, age appropriateness, culture and ethnicity, geography, and economic status. An individual's needs in each area must be supported with timely and appropriate resources. Swift success in housing and support service provision is critical for stable housing. Consumer outcomes must be based on consumer need and informed by the recipient. Consumers' and family's voices are the primary focus for tailoring recovery based services. Recovery embodies the ideas of hope, choice, empowerment, self-direction, and responsibility all centered in the consumer. Taken all together, these elements of recovery foster success via new meaning and relationships regarding ones' circumstances in the movement away from homelessness to stable housing with support services.

- f. Alignment with PATH goals- Describe how the services to be provided using PATH funds will target street outreach and case management as priority services and maximize serving the most vulnerable adults who are literally and chronically homeless.

The current PATH teams focus on those hardest to serve individuals often venturing out into the places they camp in order to engage them with the purpose of referring them for treatment. It often takes multiple encounters and Case Management services in order to get clients the necessary items (such as ID's, birth certificates, etc) in order to apply for services. PATH uses the SAMSHA Targeted Outreach Model which allows them to outreach all homeless individuals with the purpose of identifying those who are seriously mentally ill or suffer from co-occurring mental illness and substance use disorders. They are out in the field and average of 75% of their time. This daily activity keeps everyone informed about ongoing consumers, prospective consumers, new and existing resources, and any issues and their resolutions. Many of the required tasks are effectively and efficiently first planned and coordinated during this staff time together. These tasks: point of contact services for food, clothing, water, blankets, shelter and basic living skills; linkages with the behavioral health crisis system; assistance in getting prescriptions filled; assistance with behavioral health system and/or substance abuse treatment enrollment; referral for aftercare support including but not limited to case management, housing, and transportation; assistance in obtaining medical records, picture ID, social security cards and affordable housing; outreach activities and community education; field assessments and evaluations; intake assistance/emergent and non-emergent triage; transportation assistance (bus tokens and transporting); assistance in meeting basic skills, in getting prescriptions filled; in moving; housing dollars for permanent placements; Transition into the RBHA case management system; and assistance in locating cooling or heating and water stations during extreme heat and winter alerts.

- g. Alignment with State Comprehensive Mental Health Services Plan- Describe how the services to be provided using PATH funds are consistent with the State Comprehensive Mental Health Services Plan:

Two goals within the State comprehensive mental health services plan directly relate to services provided by PATH funds. 1.) Increase access to behavioral health services for persons diagnosed with serious mental illness; 2.) Decrease the number of adult consumers who are chronically and/or literally homeless or living in shelters.

- h. Alignment with State Plan to End Homelessness- Describe how the services to be provided using PATH funds are consistent with the State Plan to End Homelessness:

The Governor of the State of Arizona established the Arizona Interagency on Homeless and Housing in April 2010 to develop strategies to end homelessness in Arizona. The committee's role is to formulate the State's Plan to End Homelessness. The Director of the Department of Health Services serves on the Committee.

- i. Process for Providing Public Notice- Describe the process for providing public notice to allow interested parties, such as family members; individuals who are PATH-eligible; and mental health, substance abuse and housing agencies; and the general public to review the proposed use of PATH funds (including any subsequent revisions

to the application). Describe opportunities for these parties to present comments and recommendations prior to submission of the State PATH application to SAMHSA:

A draft of this grant application is posted on the ADHS/DBHS website for public comment. In addition, the document is emailed to a list serve containing a wide array of stakeholders by ADHS/DBHS' Policy Office. These two mechanisms allow for comment by persons who are eligible for PATH services, family members, employees of behavioral health and housing provider agencies and the general public.

- j. Programmatic and Financial Oversight- Describe how the State will provide necessary programmatic and financial oversight of the PATH-supported providers, such as site visits, evaluation of performance goals, audits etc. In cases where State provide funds through intermediary organization (i.e., County agencies or regional behavioral health authorities), describe how these organizations conduct monitoring of the use of PATH funds:

ADHS/DBHS will monitor PATH activities through multiple deliverables. Contractors are required to submit quarterly reports to ADHS/DBHS detailing the number of individuals receiving PATH services by census and demographics. An annual narrative and statistical report is due each January to SAMHSA and ADHS/DBHS. Monthly and annual detailed expenditure reports and a copy of the contractor's audit report (OMB A-133) are also required.

In addition to reporting, contractors are subject to at least one (1) on-site program review per geographic service area each year. The review consists of an examination of all aspects of PATH program operations including chart review to determine grant and contract compliance, interviews with PATH enrolled consumers and PATH staff, and direct observation of program activities, outreach and engagement techniques used to assist client in PATH enrollment community involvement activities for tailored referrals, in kind contributions and Charitable Choice program compliance activities.

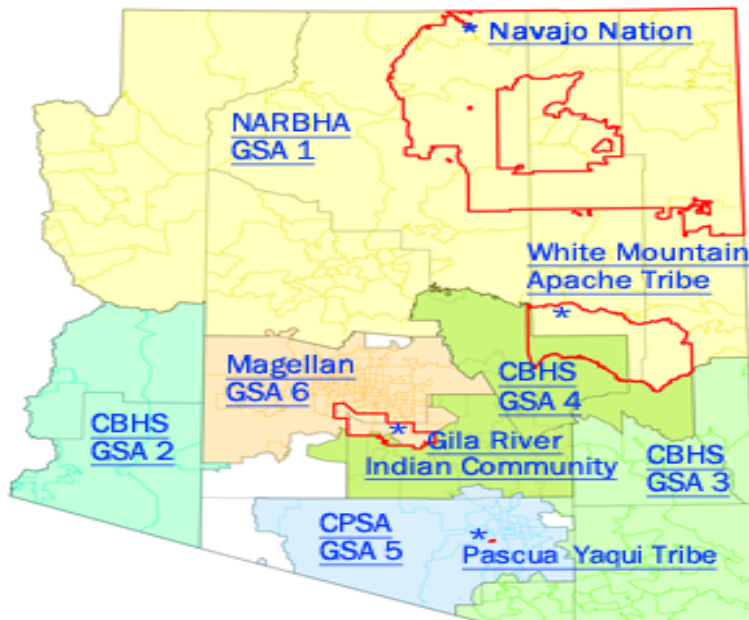
ADHS/DBHS holds quarterly meetings with PATH contractors to identify area of strength and areas that require improvement to ensure that the needs of homeless individuals with serious mental illness are addressed in each region. At minimum, these quarterly and annual meetings increase coordination among the geographic service area and provide opportunities to provide technical assistance and training.

In response to the requirement from SAMHSA for PATH Providers to migrate PATH data into the Homeless Management Information System (HMIS) with the next 2-4 years, all Arizona local PATH teams are currently entering data in HMIS. All information received on HMIS from the federal and local levels (e.g.: trainings, presentations, websites, webinars, teleconferences and materials) is shared with PATH funded agencies, Executive Directors, Administrative/Program Directors, Outreach workers and Front line staff through email transmissions and statewide teleconferences.

- k. Selection of PATH Local-Area Providers- Describe how PATH funds are allocated to areas and providers with the greatest number of individuals who are homeless with serious mental illnesses or co-occurring substance use disorders (i.e., through annual competitions, distribution by formula or other means):

ADHS/DBHS allocates PATH fund through a competitive request for proposals process.

- a. Relation to need for services- PATH grant allocations are made to entities that provide services within the three most populous counties in Arizona (Maricopa, Pima, Coconino and Cochise Counties).
- l. Location of Individuals with Serious Mental Illnesses who are Experiencing Homelessness: Indicate the number of homeless individuals with serious mental illness by each region or geographic area of the entire State. Indicate how the numbers were divided and where the selected providers are located on a map.



An annual point-in-time shelter survey conducted in January 2011 identified the number of homeless individuals with a serious mental illness or co-occurring serious mental illness and substance use disorder in Arizona. It is important to note that only individuals residing in emergency shelters and transitional housing were included in the survey.

**2011 Point-in-Time Shelter Count
Special Populations
(Adults only except chronically homeless)**

County	SMI	SMI & Substance Abuse	Total
Maricopa County (GSA 6)	1836	420	2256
Pima County (GSA 5)	397	393	790
Balance of State * (GSAs 1,2,3 &4)	238	263	501
State Total	2471	1076	3547

*Balance of state includes the rural counties of Mohave, Coconino, Navajo, Apache, Gila, Graham, Greenlee, Cochise, Santa Cruz, Pinal, Yuma, La Paz and Yavapai. This information was obtained from the 2011 Annual Report, Department of Economic Security;

https://www.azdes.gov/InternetFiles/Reports/pdf/2011_homelessness_report.pdf

- m. Matching Funds- Describe the sources of the required PATH match contributions and provide assurances that these contributions will be available at the beginning of the grant period.

Required non-Federal contributions are available from the State General Fund Supported Housing Appropriation. The State contribution will be available at the beginning of the grant period.

- n. Other Designated Funding- Indicate whether the mental health block grant, substance abuse block grant, or general revenue funds are designated specifically for serving people who are homeless and have serious mental illnesses:
- a. Community Mental Health Block Grant (CMHS)- Funds provided by the mental health block grant are utilized for services to persons with serious mental illness and children with serious emotional disturbance, including those who are homeless or at imminent risk of being homeless.
 - b. Substance Abuse Prevention & Treatment Block Grant- Provisions are made through the substance abuse block grant for services to be delivered through street outreach/drop in centers serving homeless individuals with substance use disorders at high risk for HIV, in addition to other community settings such as probation offices, domestic violence facilities and homeless shelters.
 - c. State General Fund Revenue- State general funds allocated as match for PATH federal funds are specifically targeted for persons who are homeless and have a serious mental illness or co-occurring substance use disorder.
- o. Data- Describe the State's and provider's status on HMIS migration and a plan, with accompanying timeline for migrating data in the next 2 to 4 years. If you are fully

utilizing HMIS for PATH services, please describe plans for continued training and how you will support new local-area providers.

- p. **Training-** Indicate how the State provides pays for or otherwise supports evidenced-based practices and other trainings for local PATH-funded staff. ADHS/DBHS provides technical assistance and training at quarterly and annual meetings for the PATH Contractors. Local PATH providers are required to conduct and attend homeless service provider specific trainings which will allow them to gain additional skills to address the needs of individuals who are literally homeless. Additional assistance is given upon request.

Section C:

Northern Arizona Regional Behavioral Health Authority (NARBHA) CATHOLIC CHARITIES COMMUNITY SERVICES

1. **Description of Provider Organization Receiving PATH Funds:** The Northern Arizona Regional Behavioral Health Authority (NARBHA) is the RBHA for four counties in Northern Arizona. ADHS/DBHS contracts with NARBHA to administer the PATH grant for Coconino County. NARBHA subcontracts with Catholic Charities' Flagstaff office for operation and program administration in Northern Arizona. Catholic Charities is a non-profit, community based organization providing a wide range of social services to families, children, and single adults throughout Northern Arizona. These services include: a family shelter, eviction prevention/utility assistance funding, emergency motel stays, adoption and foster care services, referrals to local service agencies, food and clothing vouchers, and counseling services. Catholic Charities' PATH Outreach Program serves the local areas of Williams, Page, Fredonia, Sedona, Flagstaff, and Cottonwood, as well as other rural areas throughout Coconino and Yavapai Counties.
2. **Amount of Federal Funds the Organization Will Receive:** Catholic Charities will receive PATH funding in the amount of \$139,072 for FY 2013. These funds will be used to continue operation of the PATH Homeless Outreach Team, which will employ four individuals to conduct aggressive outreach, establishing and maintaining contact with people who are homeless and have a serious mental illness, as well as individuals with co-occurring substance abuse disorders. NARBHA will receive \$5,795 for grant administration, which creates a total of \$144,867, with \$107,433 in Federal funding and \$37,434 in State funding.
3. **Organization's Plan to Provide Coordinated & Comprehensive Services to PATH Clients:**
 - a. **Projected Number of Clients:** The Catholic Charities Outreach PATH team anticipates approximately 520 unique homeless individuals will be contacted *each quarter* through the use of PATH funds, of which an estimated 30% will be "chronically" homeless and 16% will suffer from mental illness. With client carryover between quarters, we project to serve at least 1500 unique homeless clients this year.

b. Projected number of adult to clients to be enrolled using PATH Funds:

An estimated 120 individuals will complete PATH intake and be formally enrolled into PATH services during the coming year.

c. Percentage of adult clients served with PATH funds projected to be “literally” homeless (i.e., living outdoors or in an emergency shelter rather than at imminent risk of homelessness).

Approximately 50% of these being “chronically” homeless and 79% being “literally” homeless (living outdoors or in an emergency shelter rather than at imminent risk of homelessness – approximately 20% of these cases will be emergency shelter). Of these PATH-enrolled clients, we estimate that 96 (roughly 80%) will complete intakes at either The Guidance Center, Encompass, SouthWest Behavioral Health Services, or the Verde Valley Guidance Clinic and be formally enrolled for mental health and case management services. Approximately 40-50 PATH-enrolled clients will be assisted into transitional or permanent housing.

d. Activities to maximize the use of PATH funds to serve adults who are literally homeless as a priority population.

Catholic Charities will provide individuals and families with the following services...

Outreach will be conducted by two person team, two CC employees and/or one CC employee and a volunteer. To enhance the PATH Outreach efforts volunteers will be utilized to increase outreach locations. Outreach services will include:

- Distribution of life-sustaining supplies to homeless populations such as: blankets, coats, hats, gloves, socks, food, water, hygiene kits, camping supplies, etc.
- Distribution of clothing and hotel vouchers where appropriate.
- Field assessments and evaluations.
- Referrals to psychiatric treatment, alcohol/drug treatment, primary health services, rehab, housing, soup kitchens, and other social service agencies. This includes the distribution of regularly updated local resource listings.
- Intake assistance: both internally to help PATH clients enroll with Catholic Charities Housing and Family Shelter programs and externally with DES and other agencies which would provide much needed resources such as AHCCCS insurance and Food Stamps.
- Case management activities: detailed case notes, daily outreach activity records, and case files for PATH-enrolled clients.
- Transition into NARBHA’s case management system by connecting clients with The Guidance Center and SW Behavioral (in Flagstaff and Williams), Encompass in Page and Fredonia, and The Verde Valley Guidance Clinic in Cottonwood.
- Transportation assistance: bus tickets, monthly bus passes, rides in the 2 PATH Outreach vehicles. This service has been supplemented with NARBHA Community Investment funding.

- Assistance with prescriptions/medications.
- Eviction Prevention and Utility Assistance for PATH clients in danger of entering into homelessness.
- Move-In Assistance in the form of security deposit payments and the payment of housing application fees.
- Emergency Motel Assistance (not factoring-in extreme weather concerns the usual maximum stay is three days).
- Identification Assistance; purchasing ID cards and birth certificates, helping clients work through long-standing barriers that prevent them from obtaining identification.
- Client education on local anti-camping ordinances and safe places to camp.
- Community Education and Homeless Advocacy.
- A willingness to listen and treat clients with respect and compassion (possibly our greatest role and service).

e. Strategies that will be used to target PATH Funds for street outreach and case management as priority services

The outreach team will collaborate with the Coconino County and Cottonwood Jail personnel, Local Police Departments (Fredonia, Page, Williams, Flagstaff, Sedona, Cottonwood), Flagstaff Medical Center's Emergency Department, local motel owners, members of the Coconino County and Verde Valley Continuums of Care, and other homeless service providers throughout our coverage area in an overall strategy to end homelessness in Coconino County. A critical part of outreach is building trust among the people we serve; resources (such as blankets, coats, hats, gloves, socks, food, water, hygiene kits, camping supplies, etc.) are provided to foster relationships with homeless clients, so that field assessments and evaluations are possible.

In-reach: Whereas in previous years, our strategy was to limit our in-reach activities to just our main office and one day center, we have learned the value of attending multiple locations to maximize our contacts with new homeless individuals. In-reach services for 2012-2013 are projected to occur at multiple locations: [1] the Catholic Charities Flagstaff office (located at 460 N. Switzer Canyon Drive, suite 400), [2] the Flagstaff Shelter Services Day Drop-in Center (located at 216 W. Phoenix Avenue), [3] the Goodwill Industries Flagstaff Day Center (located at 2225 North Steves Blvd.), [4] the (NAZCARE Inc.) AZPIRE House Day Center (located adjacent to The Guidance Center in the old Channel 2 building), [5] the United Methodist Church's Food Kitchen in Page, and [6] the PATH Program Day Drop-In Center in Cottonwood (located above the Cottonwood Catholic Charities office at 736 N. Main).

At the Flagstaff Catholic Charities office, homeless individuals will have access to: sack lunches provided by the Flagstaff Food Kitchen; referrals made by Catholic Charities staff for clothing, food, and eyeglass vouchers; resource listings; bus tickets; mail services; clothing from housed donations; local and long distance phone calls; computer access (with PATH team member supervision); and resume printing services.

At the Flagstaff Shelter Services Day Drop-In Center, people who are homeless will have access to a variety of services PATH helped to establish (but no longer directly operates): showers, telephone services with long distance capability, mail services, computers, food (sack lunches and food bank donations), clothing, vouchers for the Salvation Army Thrift Store (worth \$55.00), resource lists, maps, and other items needed to help them out of homelessness. PATH operations at the Goodwill Industries, AZPIRE, and United Methodist Church locations will provide, in addition to access to PATH case managers, access to bus passes, food, water, outreach supplies (hats, gloves, sleeping bags, etc.), food-clothing-eyeglass-motel vouchers, application assistance, referrals and information, resource lists, rides in PATH vehicles, and aggressive referrals to detoxification, medical, and psychiatric treatment (to name a few).

The PATH Day Drop-In Center in Cottonwood will provide: showers, a phone with long distance, access to computers (for resume writing and checking e-mail), access to referrals and information (like resource lists), access to social workers (the Catholic Charities PATH team and volunteer staff will have office hours there), and resources such as clothing vouchers, camping gear, water, and hygiene kits. Initially, the Center operates from 1-5 P.M. each Monday, Wednesday, and Friday. These times were selected [1] to avoid duplication of services (while there are no day centers in Cottonwood, there are limited services such as bi-monthly showers and meals offered at a local Rescue Mission), [2] to allow for the project to start small and build on a successful operational history, [3] to facilitate the logistical demands of staffing a new service in Cottonwood, and [4] to allow the Coconino County PATH outreach team to conduct on-site volunteer/staff trainings and to assist with the initial phases of operation. The Day Center operates under a “Benefit to the Community” model, moving it beyond a safe place for homeless clients toward a program that improves the local area (through such activities as trash pick-up and yard-clean up projects). To increase community support, we intend to track the success stories fostered by the Center and release these to local media sources (public access media, newspapers, church bulletins) as often as possible. Case management activities on-site will be guided by the use of a “self-sufficiency checklist” designed to help clients acquire whatever missing elements they need (identification, resume creation, application assistance, etc.) to transition out of survival mode and into a positive future-focus. Keeping in-line with recent innovations in homeless service, we intend to use volunteers drawn from the homeless or nearly homeless population as frequently as possible. We will conduct quarterly focus groups with our customers *to factor-in the client’s point of view* and to engage them in the evolution of the Day Drop-In Center.

Behavioral Health – Engagement Assessments: During this phase, the PATH team will strive to maintain regular contact with the individual/family in question. If required, after initial contact has generated trust and no later than the third contact, the PATH team will arrange for an assessment to determine if the client has mental illness or a substance abuse disorder. The PATH-eligible individuals with co-occurring disorders will receive aggressive outreach and will be referred to The Guidance Center or SouthWest Behavioral Health Services (SBHS) in Flagstaff and/or Williams,

Encompass in Page and Fredonia, and the Verde Valley Guidance Clinic in Sedona and Cottonwood for intensive inpatient or outpatient services (as well as medication). When appropriate, a referral for detoxification services will be made (and the PATH team will usually transport clients directly to detoxification facilities in these cases). PATH staff will be in frequent contact with The Guidance Center (TGC), SBHS, Verde Valley Guidance Clinic, or Encompass staff case managing the individuals. This will provide an opportunity to strategize more effective engagement and follow through with the individuals and families who are homeless.

NARBHA-Level Case Management Services: PATH clients who complete an intake and are enrolled with NARBHA in the PATH program receive intensive case management services through any one of several possible providers: The Guidance Center, SBHS, Encompass, and The Verde valley Guidance Clinic. These services are based on the Recovery model, a “person centered,” culturally competent strategy which focuses on the strengths of the individual. Clients receive a comprehensive assessment, with emphasis on the unique qualities and culture of the individual, and a consumer-driven service plan developed utilizing the entire team which consists of the Clinical Liaison, Case Manager, Case Manager Aide, Clinical Specialist, consumer, and other individuals the consumer wants involved such as family members, friends, or significant others. Consumers are expected to meet with their Guidance Center, SBHS, Encompass, or The Verde valley Guidance Clinic case manager at least weekly. Case management services include, but are not limited to, assistance with obtaining identification documents, applying for entitlements such as food stamps, general assistance, AHCCCS, SSI/SSDI (case managers usually accompany clients to these appointments to help with the paperwork), coordination of health care, or obtaining a Primary Care Physician once healthcare benefits are in place, placement in shelter, and mental health treatment to overcome the label of homelessness by managing their mental health in the community and moving into permanent housing. PATH staff strives to build a rapport with the consumer to assist them in meeting the self-identified goals of their service plan (which they create collaboratively with their Guidance Center, SBHS, CBHS, or The Verde valley Guidance Clinic case manager. Catholic Charities’ PATH team will direct efforts toward getting people off the streets and working with clients beyond initial intake.

PATH-Level Case Management Services: The PATH team facilitates “limited” or “focused” case management, which is designed to connect PATH-enrolled clients with psychiatric treatment and improve housing options. The Catholic Charities PATH Team believes that sustained mental health treatment is unlikely to occur outside of stable living arrangements, so as much as we can we encourage our enrolled clients to choose housing goals which lead to permanent housing.

f. Activities that will be implemented to facilitate migration of PATH data into HMIS within 3-5 years.

Data Collection Methods are required by the PATH Program, and include demographic information, prior treatment history, diagnosis and treatment, and information on the individual’s or family’s duration of homelessness. PATH outreach workers will utilize

several tools currently employed by various state programs, including the Arizona Self Sufficiency Matrix and the HMIS system.

g. Indicate whether the provider provides, pays for, or otherwise supports evidence based practices and other training for local PATH-funded staff.

Catholic Charities sets aside funds in each year's budget for training for all PATH team members. Some training received in the past are the CIT (Crisis Intervention) training provided by a local RBHA provider, recognizing substance and substance abuse issues, various mental health related trainings, blood borne pathogens, volunteer training, and CPR/First Aid training.

h. Indicate whether the provider provides, pays for, or otherwise supports HMIS training and activities to migrate PATH data into HMIS.

The Catholic Charities PATH Team currently inputs all data into the HMIS System and receives training related to the use of the HMIS system and fully utilizing its functions. The team has recently begun using the Case Management function of HMIS and will continue this on an on-going basis. In addition, for PATH enrolled clients, Self Sufficiency Matrix's are now entered into HMIS, as well providing detailed reports of program success. The PATH team coordinates with Symmetric Solutions to ensure they have the most up-to-date information and trainings on HMIS as the system improves.

i. Community Organizations that provide key services (e.g., primary health, mental health activities and policies with those organizations).

The PATH team receives referrals from a variety of sources, including: Flagstaff Medical Center's inpatient psychiatric unit, The Guidance Center's PAC unit, Flagstaff Shelter Services, The Sunshine Rescue Mission and Hope Cottage, local police, and many others. When a referral is made, a member of the PATH team travels to the location to meet with the individual (if possible), explains the program in terms the person can understand, and conducts a prescreening assessment to determine the individual's needs. At a meta-level, this process builds interagency relationships (and service opportunities for PATH clients) because it demonstrates to other social service agents that PATH aggressively seeks out clients and is willing to coordinate care (thus reducing the burden on the referring agency).

The Coconino/Yavapai County PATH team has collaborated with this last quarter included: NARBHA, Encompass, PRDVS (Page Regional Domestic Violence Shelter), Halo House, The City of Flagstaff, Flagstaff Shelter Services, Salvation Army, Saint Vincent De Paul, The Guidance Center, Catholic Charities internally via the Family Shelter and Emergency Services, The Circle of Page, The Page United Methodist Church, The Flagstaff Family Food Center, The Williams Family/Community Outreach Coordinator, Hope Cottage The Flagstaff Family Food, the Coconino County Continuum of Care, and Coconino County Community Services (in both Page and Flagstaff).

Our agency partnerships help us move clients toward self-sufficiency and improve their access to resources by [1] giving us knowledge on resource availability we can convey to clients, [2] giving the PATH team actual resources we can distribute to clients (move-in assistance, donations), [3] giving the PATH team, and our clients, more direct access or smoother transitions (via referrals, etc.) to available services. Here are some examples:

- A. NARBHA: Provides inside-information and oversight on Guidance Center practices and policies – if we have an issue getting clients to treatment (and thus on the path of self-sufficiency) NARBHA can help us work through it.
- B. Encompass: They provide mental health and counseling services for PATH-enrolled clients in the Page area. They refer clients to the PATH Program and facilitate the Page Resource Meeting – a venue which allows the PATH team to keep up to date on what services are available in Page, AZ (allowing us to convey this information to our clients).
- C. Flagstaff Shelter Services (FSS): They provide extensive donations of food, clothing, and camping supplies to PATH clients who attend the Day Drop-In Center, and provide shelter (and other services mentioned above) to these clients.
- D. Salvation Army: When PATH clients cannot access local drug and alcohol treatment options, our contact at the Salvation Army has the ability to send them (via bus) to treatment sites in Phoenix, Los Angeles, and Las Vegas, making the proper arrangements for them to enter treatment when they arrive – all free of cost.
- E. St. Vincent de Paul: They help provide PATH clients with move-in and eviction prevention assistance, matching funds with PATH. In addition, our partnership with St. Vincent allows us to access gas vouchers (to get clients to appointments, their jobs – all assist with self-sufficiency) we couldn't otherwise access.
- F. The Guidance Center: [1] provides mental health and counseling services to PATH-clients in Flagstaff and Williams, [2] provides case management to PATH clients in these areas, [3] makes crisis counselors and intervention available to PATH clients, and [4] makes extensive referrals to the PATH team (we coordinate discharge planning with their in-patient staff).
- G. The Williams Family/Community Outreach Coordinator: Allows the PATH team to access students in Williams who would otherwise be nearly impossible to encounter during standard outreach activities. She provides clothing vouchers, access to school programs, and participates in the Homeless Count efforts, which ultimately leads to increased funding options throughout the continua of care in Coconino County (and heightened resources for PATH clients). The coordinator, who is a long-term resident of Williams, also serves as a guide and insider for the PATH Team, directing us to various gate keepers in the Williams area and hard-to-access resources (such as small-scale church programs), all of which we can make available to PATH clients.
- H. Hope Cottage: Routinely refers their clients to the PATH program and allows the PATH team to use offices/rooms at their new shelter location to meet with clients. In addition, they direct some of their donations to the PATH team (and hence to our clients), such as underwear and clothing, diapers, food, etc.
- I. Coconino County Continuum of Care: These meetings include a “provider update”, question and answer session where extensive information is passed on available social

service resources. The PATH team communicates this information to clients, which in turn gives them the tools they need to work toward self-sufficiency.

Coconino County Community Services: They also help provide PATH clients with move-in assistance, matching funds with PATH and our partners (we might need to collaborate with up to three agencies to cover local move-in costs). They also make extensive referrals to the PATH program.

By maintaining regular lines of communication with the partner agencies listed above, by investigating how their services are provided, the PATH team is able to match clients with the services they need to work toward self-sufficiency. In cases where gaps in the continua of care exist, the PATH team works to create needed services. An example of this can be seen in our ongoing collaboration with Flagstaff Shelter Services, an organization dedicated to providing increased emergency shelter options in Flagstaff. Two PATH team members have served on the board of directors of this organization and were instrumental in helping to create emergency winter shelter arrangements three years running.

j. Gaps in current service systems.

The Northland has an utter lack of *affordable* housing (the FMR in Coconino County for a 1 bedroom dwelling is \$785.00), and has an overall lack of emergency shelter *and* transitional beds. The *Coconino County Continuum of Care's Housing Gaps Analysis* estimates that to address the current level of need, Coconino County alone would have to add an additional 200 beds for single individuals and 150 beds (emergency and transitional) for families. This need for additional housing is great considering the extreme winter conditions in Flagstaff.

The PATH Team's recent outreach experiences in the Page area have uncovered another issue: homeless clients there have a hard time accessing adequate water and food. In Page there is a soup kitchen operated by the United Methodist Church in collaboration with the Circle of Page, but this facility is only open on Mondays and Wednesdays. There is also a local food bank, but this facility is only open on Tuesdays and Thursdays, and does not offer the kinds of food homeless clients can readily prepare. PATH is working on a plan to implement a sack lunch program in the Page area to cover some of this need.

A large population of homeless individuals in N. Arizona is disconnected from services (medical/psychiatric care, social services, etc.) they *could* otherwise take advantage of to improve their lives. They might be [1] unaware services exist, [2] unable to qualify for services, [3] unable to get to services, [4] unaware they need services (as is the case with many seriously mentally ill individuals), [5] or unwilling to use services (due to bad experiences with certain agencies, their own ideological orientations, etc.). Our data suggests, however, that a majority of homeless people are interested in receiving

assistance: The 2010 Winter Count of Homeless Families and Individuals (coordinated by the Catholic Charities PATH team) determined that 67 out of 104 unsheltered homeless respondents (64%) replied “Yes” to the question “Would you like to receive services to help you transition out of (escape) homelessness?” We argue that the most effective way to connect these people with existing services is through the application of our aggressive outreach methodology. As the Catholic Charities PATH Program is the *only* adult homeless outreach program in N. Arizona, as available homeless services are few and far between, there is an overwhelming need for our continued services.

While the Northland has a wide array of ethnicities, languages, cultural perspectives, and worldviews, there are few social services which adequately address (or understand) this level of diversity. We have noted many specific negative consequences of this, including [1] a perception in N. communities that Native Americans are never “actually” homeless, because “they all have houses and families out on the reservation.” (a stereotype which justifies not serving this population), [2] cultural/linguistic conflicts at service points of entry (like agency front desks), where clients and providers misinterpret the intentions, meanings, and actions of the other – leading to less access to services, [3] case management strategies and treatment orientations, rooted in Western ideological assumptions of self, autonomy, and responsibility, failing when matched with alternative (and equally valid) ways of thinking. The overall lack of existing services in the N. region is a problem compounded by these sorts of failures.

There is a strong need for homeless advocacy and public education to resist the overarching negative stereotypes of homelessness and homeless mentally ill persons in N. Arizona. These misconceptions [1] result in community resistance to social service projects (like shelters and outreach programs), [2] foster NIMBY-ism and [3] promote the mistreatment of homeless persons generally.

Given the inherent diversity in the proposed coverage areas, in types of homelessness situations and in terrain (from the jungle-like areas of the Verde River in Cottonwood to the deserts of Page), many of the needs of potential PATH clients can be organized by geographic space. In Page, for example, the threat of dehydration (compounded by a high frequency of alcohol abuse among homeless persons there) and starvation create serious needs for outreach services to distribute water, food, and information. In Page and Cottonwood, Day Drop-In Centers are desperately needed, as there are no places for homeless people to shower, get their mail, access basic necessities, or to enjoy a truly safe environment. In Flagstaff, extreme winter weather conditions create a need for afterhours outreach. In Williams most of the people living in homeless situations are camping in vehicles or outside in tents, the need for camping supplies is high (particularly as colder months approach).

- k. **Services available for clients who have both a serious mental illness and substance use disorder.**

Catholic Charities has been very successful in identifying and establishing contact with persons who are homeless and have a dual diagnosis. The PATH team collaborates with the Guidance Center (in Flagstaff and Williams), SW Behavioral (in Flagstaff), The Verde Valley Guidance Clinic (in Cottonwood), and Community Behavioral Health Services (in the Page area) for intensive inpatient and outpatient services and medication to serve clients. There are limited services available that can meet the complex needs of persons who are homeless and have a dual diagnosis. The first need is treatment and safe, decent shelter. Because many shelters will not take people who are intoxicated, people with a dual diagnosis often end up on the streets or in jails. In light of this harsh reality, PATH team members have participated in and supported Flagstaff Shelter Services, a 501(C)3 nonprofit organization which operated emergency shelter in Flagstaff during the coldest 6 months of the year and which will *readily* accept intoxicated clients. Individuals with co-occurring disorders are referred to NARBHA's Clinical team for evaluation and treatment. Services offered clients include: medication; group therapy; individual counseling, and treatment.

1. Strategies for making suitable housing available to PATH clients (e.g., indicate the type of housing usually provided and the name of the agency that provides such housing).

Coconino County, and in particular Flagstaff, faces an affordable housing challenge. The economics of earned income against livable income are vastly different. Homeownership is often out of financial capability and some rental costs outweigh mortgage costs. Consequently, there is a population of "working poor" households that may be residing in substandard conditions. A portion of the homeless population resides in Northern Arizona year round and earns wages that do not render them eligible for a rental. Motel rooms often become the only option for many of the homeless population. Catholic Charities, in conjunction with the Coconino County Continuum of Care, works to consider all viable options for the development of housing that will meet the needs of the "imminently homeless" and homeless populations. There is a complete representation of social service agencies currently attending the Continuum including: the City of Flagstaff, the Coconino County Department of Health Services; Catholic Charities; NARBHA; the Flagstaff Police Department; The Guidance Center, etc. These meetings focus on addressing ways the community can adequately provide services to the homeless.

Currently, PATH team members work with the Catholic Charities Housing Coordinator, to transition PATH (and other homeless) clients into the *Flagstaff Cares*, Pagewood, or Northern Sky housing programs. Working in cooperation with NARBHA, Catholic Charities has helped to implement additional housing units in Cottonwood and Page that PATH clients could take advantage of. The Catholic Charities Housing and Homeless Services Supervisor in Flagstaff, serves on the Flagstaff Housing Authority Board and advocates for housing options for PATH clients.

3. Description of the Participation of PATH Local Providers in the HUD Continuum of Care:

Catholic Charities has been a participant in the HUD Continuum of Care since the beginning of the rural homelessness planning effort in the Flagstaff area and Coconino County. Both NARBHA and Catholic Charities are avid participants in the HUD Continuum of Care in the proposed region (Coconino County and Rural Yavapai County). Catholic Charities and NARBHA employees Sandi Flores and Jessa Mack currently serve on the executive committee of the *Coconino County Continuum of Care*, as well as the Verde Valley Homeless Coalition (facilitated by Catholic Charities' Carol Quasula); both the NARBHA PATH administrator and the PATH team routinely attend these meetings. The Catholic Charities PATH team heads up the Homeless Counting and Resource Guide Update Subcommittees of the *Coconino County Continuum of Care*; we are responsible for coordinating homeless count efforts, reducing the resulting data, and reporting the results to the Continuum – we also update various resource guides throughout the County and disseminate them to the Continuum. In addition, the PATH team routinely attends the Page-area Community Resource Meeting held monthly at Encompass in Page; this meeting is the closest thing that region has to a Continuum of Care, and PATH has taken steps to align/include this group with the *Coconino County Continuum of Care*.

5. Demographics:

- a. Client Population: We assume that the demographic characteristics of the target population to be served (homeless, seriously mentally ill persons living in Coconino/Rural Yavapai County) are similar to the demographic characteristics of the PATH-enrolled clients we have served in the *recent* past. There were 192 PATH-enrolled (homeless, seriously mentally ill) clients enrolled in the six quarters between 12-31-9 and 7-1-8 (last quarter's demographics are not significantly different and are not included here). Of these, 54.7% were male, 45.3% were female, 15.1% were Native American, 0.5% were Asian, 3.1% were Black, 8.9% were Hispanic, 71.4% were White, and 1.0% were of "Other" ethnicities. Considering the ages of these clients, 1% were under the age of 18, 30.7% were aged 18-34 years, 43.8% were aged 35-49 years, 24.0% were aged 50-64 years, 1.0% were aged 65-74 years, and no clients were over the age of 74.

The primary diagnosis of the 192 PATH-enrolled clients breaks down as follows: 16.1% suffered from Schizophrenia, 2.1% from "other" psychotic disorders, 74.5% from Affective disorders (typically Bi-Polar Disorder), 3.1% from Personality disorders, and 4.6% from miscellaneous disorders or "unknown." 32.8% of the 192 PATH-enrolled clients demonstrated a co-occurring substance use disorder. Considering their housing situations at first contact, 28.1% were living outdoors, 22.9% were in emergency shelter, 1.6% were in long-term shelter, 21.4% were in their own or someone else's home, 13.0% were hotel/motel living, 1.6% were in residential treatment or halfway houses, and 11.5% were in in-patient institutions (The Guidance Center's PAC unit or Flagstaff Medical Center's Psychiatric Ward). Just considering the situations of clients staying outdoors, 4.4% had only been outdoors for less than 2 days at first contact, 31.9% had been unsheltered for 2-30 days, 7.3% were outdoors 31-90 days, 14.5% had been outdoors 91-

365 days, and 42.1% had been unsheltered over 1 year at first contact. Considering the 192 PATH-enrolled clients, 11.5% reported being veterans, 88% were single, 1.6% reported being developmentally delayed, 0.5% reported they were HIV positive, 0.5% reported suffering from Hepatitis C, 16.7% had been in jail or prison in the last year, and 32.8% had been inpatient in a psychiatric hospital/facility in the last year.

- b. PATH Staff Demographics: The Catholic Charities PATH outreach team, consisting of 4 individuals (3.1 FTEs) plus volunteers who are currently providing additional outreach hours of 24 per week, has the following demographics: 50% male, 50% female (4 team members), 50% White (2 team members), 50% African American (2 team members), and 25% formerly homeless (1 team member – the *Outreach Specialist*).
- c. Staff Sensitivity to Clients: The average client the PATH outreach team is likely to encounter in the course of their duties is demographically similar to the average PATH-enrolled client described in section “a.” above: a single Anglo male aged 35 to 49 years, who speaks English as a first language. The ideologies of standard case management, such as life improvement through goal setting, are compatible with this client’s orientation as they derive from American cultural/linguistic perspectives. We argue that this would be true for most of the PATH outreach team’s potential clients, as the vast majority of them are American-culture-familiar, English-first speakers.

However, two other linguistic perspectives are commonly encountered by the PATH team as well: Navajo and Spanish. Wherever possible, disseminated materials (such as resource lists, brochures, posted rules and regulations) will be available to PATH clients in Navajo, Spanish, or English. Several local Catholic Charities’ staff are fluent Spanish speakers and have been called on in the past to provide translations over the phone or in person when needed. To address this deficiency, PATH will seek to aggressively recruit Native American outreach volunteers in FY 2012-2013.

We recognize that language and culture are intimately related; a given language influences speakers into particular points of view. These points of view may be in support of or in conflict with our outreach strategies and we take care to be aware of these instances. For example, the “come to the point quickly” linguistic approach of the PATH team might not fit with Navajo-speaking clients, who may prefer to tell longer accounts of situations than we’re used to, giving their audiences a chance to decide for themselves what the point of their story is rather than forcing their perspective on others. Varying senses of autonomy, perceptions of time, aesthetics of personal space, whether or not one looks a speaker in the eyes – these kinds of cultural/linguistic elements can make or break moments of Outreach, and we try to be aware of them where we can. Moments the PATH team felt was “strange” or awkward, that were hard to articulate or which evoked emotional responses are all potential signals of cultural differences that can be explored.

The strategies found to be most effective in reaching the hardest to serve PATH-eligible homeless persons consist of the following actions / attitudes:

- Respect.
- Being non-judgmental.

- Active listening.
 - Demonstrating patience and consistency to establish trust/rapport.
 - Immediate assistance with basic needs (food, water, clothing, safety, shelter, health).
 - Advocacy for entitlements (SSI, GA, VA, AHCCCS, etc.).
 - Frequent face-to-face contact (preferably where the person is located).
 - Thorough explanation of rights, responsibilities, and services available.
 - Being supportive through the intake/evaluation process.
 - When necessary taking the evaluation process/service to the person.
 - Providing interim case management as needed to assist in transition to permanent case management services.
 - Being sensitive of gender, age, and cultural/linguistic differences.
 - Being sensitive to the stigma carried by labels such as “serious mental illness” and “homeless.”
- d. Extent of Staff Cultural Competence Training: Staff is encouraged to attend local trainings related to cultural competency as well as the annual Conference on Homelessness. Whenever possible and if budget permits, staff will be considered for attendance at out of state conferences. PATH outreach workers will also seek out instructors from Northern Arizona University to provide additional training to them as well as community agencies. In addition to outside training, Catholic Charities requires mandatory cultural competence training for all employees, and offers additional refresher trainings. NARBHA also offers cultural competence training on a regular basis, as well as yearly evaluations of the cultural competency of PATH staff.

6. How Persons with SMI and Homeless are Involved in Planning, Implementation & Evaluation of PATH Funded Services: Clients are fully involved in their treatment planning process from beginning to end, and PATH welcomes and encourages family involvement whenever possible. Catholic Charities will utilize customer satisfaction surveys and solicitations of client input, which provide input on the planning, implementation, and evaluation process annually for the PATH program. Currently, PATH-eligible persons are not employed as staff members but they are encouraged to volunteer with PATH (and several have submitted recent applications).

(Maricopa County)**Southwest Behavioral Health****Local Provider Description**

Southwest Behavioral Health Services (SBH) is a private non-profit community behavioral health agency that has served as a leading provider in the state of Arizona for over 30 years. SBH has assumed a leadership role in the development and delivery of services in the areas of housing, residential care, prevention services, outpatient services to children, incarcerated persons, dually diagnosed adults (SMI/SA), and homeless services. SBH is CARF (Commission on Accreditation of Rehabilitation) accredited, and has been since 1998. Our services are evidence-based and include the FAST model in prevention services, the Arizona Treatment Initiative for children and families, and the Recovery Model for persons with serious mental illness and/or substance abuse. SBH provides subsidized independent housing, both transitional and permanent, to a variety of populations throughout Maricopa County. Psychosocial Rehabilitation services are delivered in a wide range of environments designed to support persons in their recovery process. SBH provides Residential Programs, and manage more than 150 residential beds throughout the valley. Programs range from supported independent living to intensely supervised (24-hour support). SBH's Crisis Recovery Support Services are provided and designed for individuals experiencing acute emotional or behavioral crisis. Crisis Recovery Units are centrally located, and provide intense short-term support in a non-institutional setting. SBH's Homeless Outreach Program serves the metropolitan areas of Phoenix, Tempe, Mesa, Glendale and Scottsdale, as well as the smaller suburban areas and rural areas of Maricopa County, which covers a 9,300 square mile area.

SBH is requesting \$641,195 in Federal funding and \$225,385 in State funding. These funds will be used to continue operations of the PATH Homeless Outreach Team, which will employ 13 individuals to conduct aggressive outreach, establish contact and maintain assistive relationships with eligible people who are literally homeless and have a serious mental illness, and/or dually diagnosed. All PATH funds will be used to provide direct services. These services will be provided in locations where the largest numbers of homeless individuals are located. Outreach workers will seek out and maintain contact with homeless persons all over Maricopa County in areas such as the streets, river-bottom, shelters, desert campsites, parks, and hospitals. They will provide assistance with food boxes, sack lunches, water, transportation, hygiene items, clothing assistance or referrals, emergency shelter placement assistance, transitional and permanent housing coordination and moving assistance, as well as living skills coaching and training to those requiring assistance with daily living. PATH will receive the following In-kind donations from community supporters; \$4,800 cash donations from a private supporter to provide emergency assistance to homeless or imminently homeless families, \$10,000 in hygiene kits and clothing from the Mental Health Guild and the Celebration of Life Church to be distributed to the homeless mentally ill encountered by PATH, \$7,200 in pastries donated by Starbucks Coffee, \$3,000 in sack lunches provided by St. Mary's Community Kitchen, and \$3,000 in water donated by a local group of senior citizen supporters in the Corte Bella Community of Sun City Arizona.

Collaboration with HUD

Southwest Behavioral Health Services, Inc. has been a participant in the HUD Continuum of Care, offering services to the homeless population, since the beginning of the local homelessness planning effort in the Phoenix metropolitan area and Maricopa County. SBH's PATH staff has participated over the years at the meetings of the Continuum of Care Regional Committee on Homelessness sponsored by the Maricopa County Association of Governments. This committee for the past several years has been the coordinating agency for the local response to HUD's annual SuperNOFA, which is the federal government's offering of funds available for services and housing for citizens who are homeless throughout the USA. The task of this Committee is to oversee the development of an effective plan to address homelessness in the region. In addition, the Committee has taken responsibility for the annual funding application submitted to HUD. The HUD funds have provided millions of dollars to agencies serving the most vulnerable homeless people. There are several subcommittees of this steering committee. There is a Planning committee, a Service Gap analysis committee and a HMIS Advisory Group committee. The task of these subcommittees is to research and develop effective policies and practices to provide an array of services to homeless people in Maricopa County. Prevention, emergency shelter, transitional housing and permanent housing with supportive services are included in this continuum.

SBH staff and PATH staff specifically have participated on these committees over the years and will continue as needed. SBH has three housing programs specifically funded through the current local continuum's efforts and has since the current inception of the local continuum has been in effect. Two of these programs house persons who have a serious mental illness and are homeless and the other houses individuals and families who are infected or affected by HIV/AIDS. SBH PATH outreach workers have for several years and will continue to help plan, coordinate and conduct the actual count in the annual street count of the homeless population that occurs to qualify for the U.S. Department of Housing and Urban Development (HUD) Stuart B. McKinney Continuum of Care (CoC) Awards. Last year the Arizona was awarded over \$19 million for homeless projects. Results from the count are useful for "(1) service planning; (2) demonstrating a need for resources in the CoC application; (3) raising public awareness about the issue of homelessness; (4) accurately measuring and identifying the needs of populations that are hardest to serve (chronically homeless); and (5) measuring performance in eliminating homelessness, particularly chronic homeless".

Collaborations with Local Community Organizations

SBH and specifically PATH staff are involved in the ongoing development of the Day Resource Center, which recently opened as a unified central location where persons who are homeless can be in one place and have many of their needs addressed. PATH Staff will continue to be involved in this effort. Southwest Behavioral Health Services Homeless Outreach Team has become a primary resource to the Magellan Crisis System, who utilizes PATH services on a regular basis. PATH will continue working with Magellan Crisis System, providing coordination of care, as well as informative sessions about PATH services to the staff of Crisis System. Southwest Behavioral Health Service will include medications cost as a line item in the PATH annual budget, which will be used to assist clients who either don't have medication coverage, or are unable to cover prescription co-pays. Southwest Behavioral Health Services Homeless Outreach

Team will provide assistance with getting prescriptions filled by first utilizing available prescription assistance resources and, when other resources are unavailable, financial assistance may be provided. PATH has established an arrangement with Saliba's Pharmacy for prescription filling and delivery. Magellan has assigned an Evaluator to work with the Outreach team daily. This evaluator is available for in-office as well as field evaluations. The outreach workers will conduct thorough mental health screenings and assessments, and schedule mental health evaluations for service eligibility. PATH will assist clients with the appeals process, and will advocate for services on behalf of the client. PATH will assist clients in transitioning into Mainstream services, and will work with the case manager and client, providing information, support, and assistance with service acquisition. Referrals will be made for wrap-around services, permanent and affordable housing, transportation, and entitlements. The outreach workers will make referrals to substance abuse treatment programs, including detox, in-patient, out-patient, residential, and support groups. Southwest Behavioral Health Service is focused on recovery throughout its organization, and the outreach team will utilize methods such as the Recovery Model, and Motivational Interviewing techniques to encourage and motivate clients for service engagement and treatment. PATH will work with DES, Social Security, Primary Care Physicians, and the Office of the Ecumenical Chaplaincy to assist clients with obtaining ID's, Birth Certificates, social security cards, and medical records. Technical assistance will also be provided to locate emergency, transitional, and affordable permanent housing placement. PATH will participate in joint outreach efforts along with other Valley Outreach Teams, including, but not limited to Healthcare for the Homeless, Community Bridges, Home base, Tumbleweed, and the Campus Reach Team. PATH is also heavily involved in community education, providing trainings and informative sessions such as Techniques of Engagement, Motivational Interviewing, De-escalation techniques, and Safety during Outreach to other outreach teams, Human Service Campus staff, City of Phoenix, Public Libraries, and many other community providers. Field assessments will be done by the Outreach Specialist, and if necessary, evaluations will be obtained through a direct referral to evaluator assigned by Magellan through their Network Provider People of Color. This evaluator is co-located with the PATH Team at the Day Resource center and is available for on-site as well as off-site evaluations. Referrals can also be made directly to other Network Providers for GMH services while SMI criteria is being evaluated or reviewed, with PATH advocating for an SMI evaluation through the Provider after the client has been in service with them for some period of time to document symptoms, sobriety, and severity of symptoms. PATH staffs are trained in intervention guidelines, and when appropriate, staff will work with Crisis Service Providers such as the County Crisis Mobile Teams, Terros, and Empact to facilitate the immediate acquisition of crisis service, including involuntary interventions when necessary to secure the safety of the client or others. PATH will include a line in the budget to purchase bus tickets and passes to provide transportation assistance to clients. The PATH team will assist clients in meeting their basic needs in a variety of ways, with a large portion of the items donated by other community organizations. The team will provide sack lunches donated by the Community Kitchen, water and blanket donations through the City of Phoenix, clothing donations from churches, staff, and other charitable parties, hygiene kits donated by the Mental Health Guild and the Celebration of Life Church, and access to emergency shelter beds through CASS and the Men's and Women's Overflow Shelter. PATH has a line in the budget to cover these expenses when donations are at a minimum or non-existent. Often PATH clients will have prescriptions but no income source. PATH has a line in the budget to address this

concern, and will assist clients when possible, with co pays, and in some cases, the full purchase cost. PATH seeks out alternative sources such as St. Vincent De Paul for assistance, but when other sources are not available, SBH has included a line in the budget to address these expenses. PATH has had a positive working relationship and arrangement with Saliba's Pharmacy to provide prescription filling and delivery service. Upon obtaining housing placement, our clients are usually faced with the dilemma of how to move or retrieve their belongings from storage. PATH has 8 vehicles available, including 2 pickup trucks which can and will be used to assist clients with moving. PATH will be providing technical assistance as well as financial assistance such as security deposits, move-in cost, application fees, and 1st month's rent assistance to PATH enrolled clients. Whenever possible, the team will seek out alternative sources for funds such as the HUD Continuum of Care federal and state housing dollars to house PATH enrolled adults. SBH will include a line in the budget, not to exceed 20% of grant funds, to assist with these housing expenses. SBH is dedicated to making the transition into case management system as smooth, problem free, and successful as possible. PATH staff members accompany clients to their initial appointments whenever possible, providing information to the case manager regarding the particulars of the individual, where they hang out, interest, behavioral tendencies, etc. Staff can and often are members of the client treatment team, and are very useful in keeping clients engaged in treatment. Transition periods vary, but and understanding between the RHBA and the PATH Team allows for contact up until 1 year after client has been transitioned if necessary. PATH staff will participate in Summer and Winter Respite Programs sponsored by local municipalities such as the City of Phoenix, including Police and Fire, United Way, MAG, and Arizona Department of Health Services for the distribution of water, blankets, clothing and other weather related items aimed specifically at serving homeless residents. Staff will provide information about location of sites, shelter referrals, and referrals for other services as needed.

Services Provisions

The SBH PATH team anticipates approximately 3000 people will be contacted. Approximately 2000 of those contacted or 33% will become enrolled. An estimated 85% will be "literally" homeless with 15% imminently homeless. The services provided by the SBH homeless outreach program are:

- Street Outreach activities and Community Education
- Case Management
- Field assessments and evaluations
- Intake assistance/ emergent and non-emergent triages
- Transportation assistance
- Assistance in meeting basic skills
- Transition into the Magellan Case Management System
- Interim Case Management
- Referrals to alcohol and drug treatment, primary health services, rehabilitation, and job training.
- Medication and assistance in getting prescriptions filled
- Moving assistance

- Move-In/Keep-In Assistance
 - Housing referrals both transitional and permanent placements.
- SBH's PATH Team will continue using its data to identify gaps in services and systems, and will continue providing this information to the MAG Continuum of Care, State, and other local municipalities. Data from the PATH has been used in the past to identify unmet needs, and trends for example, last year there was an increase in patients being released from hospitals and dropped off in hospital gowns, no contact or information regarding their condition. The PATH team identified this trend and relayed it on to the Human Service Campus Advisory Board, the Arizona Department of Health Services and Healthcare for the Homeless, who then began monitoring and reporting these incidents to local hospital administrators, who then eventually resolved this concern and eliminated this practice. Another gap in systems identified by PATH last year was the increase of individuals being released or discharged from crisis centers or urgent care centers and referred to the Human Service Campus, without any information on the client condition or needs. Using data collected in PATHnet on referral sources and submitted to HMIS, PATH presented this information the Maricopa County Crisis Advisory Board, who in response, came up with a colored referral form which was to be issued to clients upon discharge and presented to any staff on the Human Service Campus, and without revealing sensitive information, the form served as a red flag to staff, indicating that the client was recently seen at a crisis center, and the name and phone number of the referring source. This has resulted in many more clients receiving the specialized assistance needed to connect them to services. Current gaps in services include limited family shelter beds. The number of homeless families appears to be on the rise, with a noticeable increase in cases involving domestic violence, especially when one (1) or more members of the family has a mental health or substance abuse problem, therefore creating an increase in the number of homeless women with children. The lack of available services for this population is best illustrated by the increased number of homeless youth on the streets whose parent(s) are often substance abusers and/or mentally impaired. Increasingly, there is still a need for more services for elderly homeless individuals, particularly in the area of housing and medical care. Elderly individuals often do not meet the medical criteria for Arizona Long Term Care Services (ALTCS) because many are not old enough for Medicare. There also are growing numbers of elderly homeless who have, or have had, a severe substance or alcohol dependency. With the combination of their organic disorders and mental health problems, this population is among those at greatest risk. The PATH Outreach Team expanded its outreach efforts to this population and will continue advocating for community and State resources for assistance in these areas.

Other areas that present a challenge to PATH's efforts are:

- Increase number of homeless individuals and families moving to Maricopa County
- Increase in HIV/AIDS among the homeless and abandoned and/or runaway youth
- Lack of affordable permanent and affordable housing

- Limited S/A treatment Programs for low/no income individuals
 - Minimum services available for undocumented individuals
 - Limited number of shelter beds during the summer months
 - Limited number of family shelter beds
 - Limited SMI Emergency housing and drop-in centers
 - Counseling, job placement and treatment for those with a criminal history, sexual offenders released from prison.
 - Services for homeless pregnant females with Serious Mental Illness
 - Services for homeless families, specifically those homeless due to domestic violence
 - Another critical area of need for homeless individuals with a serious mental illness is for those that have substance abuse issues. This gap in service includes not only residential treatment but also outpatient services that can deal with the combined issues of homelessness, substance abuse and serious mental illness.
- SBH has been very successful in identifying and establishing contact with persons who are homeless and have a dual diagnosis by using the PATH outreach team. Maricopa County Health Care for the Homeless and Blueprints are additional homeless outreach programs specifically designed for substance abusers. The PATH team collaborates with these organizations to serve and outreach the population. There are limited services available that can meet the complex needs of persons who are homeless and have a dual diagnosis. The first need is for safe shelter. Because many shelters will not take people who are intoxicated, people with a dual diagnosis often end up on the streets or in jails. PATH funds will be used to purchase short-term motel/ hotel room vouchers for emergencies or until suitable shelters or housing can be found. There are inpatient beds available for treatment of persons with a dual diagnosis, although limited in number. There can be a several month waiting period for a bed so the SBH outreach team is aggressive in maintaining contact with these clients and advocating for available treatment slots. In addition to the 32 beds, there are 23 Sort beds available for detox throughout the Magellan Crisis system. Though not part of Magellan Crisis system, NOVA Safe Haven operates a day program with a seclusion room for persons who are inebriated or under the influence of drugs and need to be medically monitored while withdrawing from substances. They have a total of 25 beds. The PATH staff makes recommendations for referrals to Magellan specialty clinical teams that serve people with substance abuse problems. The Path Outreach Team is very aggressive in maintaining contacts with people who are on waiting lists and continue to advocate for the person's acceptance into a substance abuse program. Magellan continues to work with the community to develop a more comprehensive service delivery system for people who co-occurring disorders. PATH is utilizing the Terros Ladder Program and Extended Evaluation Program to assist those that may be Dually Diagnosed, but are awaiting SMI determination. This program provides outpatient counseling and therapy to clients who have mental illness and substance abuse symptom logy. PATH also makes referrals to Community Bridges for detox, and substance abuse treatment services. Community Bridges is located on site, and offers individual and group counseling sessions daily, detox and relapse prevention assistance, and residential treatment placements.

- The PATH team Director and team leaders will be trained at data migration policies and procedures, and will undergo HMIS trainings for proficiency enhancement. Southwest Behavioral Health Services will continue to promote the PATH team's participation and involvement in evidenced-based practices and trainings. A line item has been entered in our proposed budget to support such trainings/opportunities.
- Southwest Behavioral Health Services has and will continue to support HMIS trainings and activities for its staff. A line item has been added to our proposed budget to develop or purchase the necessary software and hardware to facilitate data migration from PATHnet to HMIS.

Data

The PATH Team currently uses the PATHnet Database System to collect and store data, print reports on demographics, and as a case management tool to track and monitor client progress, develop service plans, track appointments, and measure staff productivity. A demographic report is generated and provided to the Day Resource Center Manager, and entered into HMIS by an HMIS employee assigned to enter information from the Day Resource Center. The Southwest Behavioral Health Services will begin working with HMIS and Community Information and Referral (the local HMIS Administrator) to develop a systems link for direct real-time data transfer of demographic information from the PATHnet System into the HMIS system which will be fully operational by June 2014.

Access to Housing

PATH will assist clients with housing by providing technical assistance in the application process, coordination of housing services, motel vouchers, security deposits, application fees, and 1-time only "Move-In, Keep-In" assistance. The PATH team will continue working with Project H3, a housing first model targeted to the 50 most vulnerable homeless adults in Maricopa County. These individuals were chosen because of their at-risk for death factors of being chronically homeless, with major medical, mental health, and substance abuse problems. PATH staff members function as Navigators with Project H3 along with Community Bridges and many other service providers, and housing agencies. The PATH Navigators act as advocates on behalf of these individuals to access any and all needed services, and assist them with maintaining their housing. Magellan has contracts with a variety of agencies throughout Maricopa County to provide housing options to people who are homeless. Magellan has the following types of housing services available: twenty-four hour supervised residential care, semi-supervised residential, supported living apartments and independent housing. Persons who are seriously mentally ill and homeless receive priority for openings. The mainstream mental health system has 775 residential slots. Magellan also assists in funding three different shelters for persons who have behavioral health problems. One shelter is only for persons who have a serious mental illness and are homeless; the other two are transitional programs for persons who are homeless, one of which is for persons who are both Seriously Mentally Ill and HIV only. They also have a Safe Haven Program that provides housing and services homeless people with a dual diagnosis.

Magellan has a contract with the Arizona Behavioral Health Corporation which has over 1,800 vouchers of Continuum of Care slots for adults with serious mental illnesses. The PATH Team is successful in placing their PATH enrolled clients in these slots.

Staff Information

The PATH staffs are representative of the racial/ethnic diversity of the clients they serve, and the team receives annual mandatory training in cultural competency. The PATH Director also facilitates Cultural Competency training to SBH staff and all new hires on the Culture of Homelessness. 50% of the staff is individuals who have experienced homelessness. Of the 13 PATH staff members, 3 are female, 4 are Hispanics and Bilingual, 2 are Black, 6 are Caucasian, and 1 Indian. Their ages range from the mid twenties to early fifties. 6 PATH staff members have 17+ years, each, experience working with the homeless and Seriously Mentally Ill populations. Several staff members have received or are currently receiving mental health treatment. The strategies found to be most effective in reaching the “hardest to serve” homeless persons consist of the following actions / attitudes:

- Respect
- Being non-judgmental (unconditional positive regard)
- Active listening
- Being authentic or genuine
- Demonstrating patience and consistency to establish trust / rapport
- Immediate assistance with basic needs (food, water, clothing, safety, shelter, health)
- Advocacy for entitlements (SSI, GA, VA, AHCCCS, etc.)
- Frequent face-to-face contact (preferably where the person is located)
- Thorough explanation of rights, responsibilities, and services available
- Being supportive through the intake / evaluation process
- When necessary taking the evaluation process / service to the person
- Providing interim case management as needed to assist in transition to permanent case management services
- Humor and the ability to laugh and smile
- Being culturally sensitive
- The ability to provide bilingual / interpretive services
- Being sensitive to the stigma of being labeled as Seriously Mentally Ill
- Utilizing Motivational Interviewing Skills
- Identifying where a client is in terms of the Stages of Change

Client Information

PATH clients cover a vast demographic spectrum, 24% women, 76% men, 45% White, 28% Black, 17% Hispanic, and 4% Native American, with the average client being a 35-year old white male. Women and families appear to be on the increase. The average client is chronically homeless and not currently receiving treatment, although they may have been in the past. They are treatment resistant, and require an average of 3-6 months before enrolling in case management.

Consumer Involvement

Clients are involved fully in their treatment planning process from beginning to end, and PATH welcomes and encourages family involvement whenever possible. There is the utilization of customer satisfaction surveys and solicitation of client and family input, provide input on the planning, implementation, and evaluation process annually for the PATH program. PATH eligible individuals serve on the Board of Directors, and Mental Health Advisory Board, and are an intricate part of our service delivery system.

(Cochise County)
Community Partnership of Southern Arizona
Good Neighbor Alliance

Local Provider Description

Community Partnership of Southern Arizona (CPSA), a private non-profit, is the Regional Behavioral Health Authority (RBHA) for Pima County designated by the state of Arizona to coordinate and manage publicly-funded behavioral health service for children, adults and their families since 1995. Good Neighbor Alliance (GNA) is a community-based 501(c) (3) non-profit organization. GNA operates *Samaritan Station* emergency homeless shelter for men, women and families with children in Sierra Vista, AZ, the economic and population center of Cochise County. The goal of GNA is to offer shelter and access to services to help stabilize guests, and provide security and their most basic needs throughout their transition out of homelessness. In addition to shelter, GNA provides a half-day drop-in program for shelter guests to take respite from the extreme desert summer heat and dangerous summer monsoon storms. This is also time for case planning and meetings. For our unsheltered neighbors, GNA provides a shower program three days per week. The PATH team has taken ownership of the shower program for extensive in-reach opportunities. It has been a valuable tool in creating a trusting bridge for our chronically homeless neighbors. GNA provides all toiletry items, towels, etc. Shower participants are also offered coffee, snacks, fellowship and assistance in identifying resources. Unsheltered neighbors are also invited to the evening meal served at GNA. In November 2010, GNA was awarded Homeless Prevention and Rapid Re-housing funds from the Arizona Department of Housing (ADOH). GNA was one of the only two shelters in Arizona awarded these funds. This HPRP program was funded through the American Recovery and Reinvestment Act which ends August 2012. GNA also has been awarded funds from the Arizona Department of Veteran's Services to assist veterans' transition out of homelessness with move-in assistance from the Veteran Assisted Supportive Housing (VASH) Program. GNA was awarded the PATH grant from CPSA in December 2010. CPSA will receive from the Arizona Department of Health Services/Division of Behavioral Health Services and pass through to GNA \$33,012 in federal PATH funds, and \$11,004 in matching state funds, for a total of \$44,016. The GNA PATH Outreach team plans to contact and engage 37 individuals and will attempt to enroll at least 55% or 19 adult clients using PATH funds.

Collaboration with HUD Continuum of Care Program

Good Neighbor Alliance is an active member of the Arizona Balance of State Continuum of Care (CoC) for almost 10 years and has served as co-chair twice. GNA has been responsible for organizing the HUD mandated biannual unsheltered street count from 2005 through 2011 for Cochise County. GNA is on the Balance of State CoC Unsheltered Count Planning Committee to ensure that all counts are done consistently throughout the Continuum. A summer 2012 Count is being planned both to collect data on our homeless neighbors as well as to fine tune questionnaires and proposed statewide procedures. The executive director of GNA, Kathy Calabrese is considered to be a leader in homeless issues throughout Cochise County. The Cochise County Continuum of Care has conducted yearly gaps analysis with the assistance of

Arizona Department of Housing (ADOH) and CPSA. As a result, CPSA has secured funding for project and tenant-based housing programs and the PATH team.

Collaboration with Local Community Organizations

GNA PATH coordinates with organizations that provide key services to PATH clients. These organizations include Centpatco, the RHBA in Cochise County, Bisbee Coalition for the Homeless, Open Inn-Cochise County Children's Center, Forgach House and House of Hope Domestic Violence Shelters, the Housing Authority of Cochise County, the AZ Department of Veterans Services (AZDVS) Benefits Counselors, the Sierra Vista VA Community Outpatient Based Clinic and Homeless Case Manager, Tucson VA Homeless program, Women's Transition Program, Southeastern Arizona Behavioral Health Services and Housing Department (SEABHS), Arizona Counseling and Treatment Services (ACTS), Chiricahua Community Health Centers, St. Vincent De Paul, Verhelst House for Men, and Cochise County Drug Court. The GNA-PATH team provides referrals to the local RHBA agencies that include ACTS, SEABHS and Alternatives Counseling. GNA has worked directly with Alternatives Counseling, ACTS and Cochise County Drug Court in assisting a mutual client. PATH has provided referrals and prescription co-pays and housing in the GNA shelter. This has been an outstanding collaboration and GNA-PATH has been invited to participate in statewide training with the Cochise County Probation Department. GNA-PATH assists the local VA Homeless Social worker with the homeless veteran population by providing housing in the GNA-Shelter, and referrals to needed services. GNA has been awarded funds by the Arizona Department of Veterans Services (AZDVS) to assist these veterans with move-in assistance in their transition into the HUD-VASH housing program. The Housing Authority of Cochise County (HACC) is the oversight agency for the HUD-VASH vouchers. The Executive Director of GNA serves as a commissioner on the HACC Board.

With the latest AHCCCs cuts, Chiricahua Community Health Clinic has been very accommodating to our PATH clients. They are income based and we have been reassured by the CEO that our clients will not be turned away for medical care. They provide limited mental health care by their General Practitioner Physicians. St. Vincent De Paul assists our clients with funding to obtain duplicate IDs that have been lost or stolen.

Service Provision

The GNA PATH team has Good Neighbor Alliance as a resource in identifying and working with those who are "literally homeless." GNA's *Samaritan Station* shelter has been serving individuals and families experiencing both temporary and chronic homelessness episodes since 2003. For much of the local community, GNA is known as the "go to" organization for anything having to do with homelessness and advocacy for those experiencing homelessness. It has been a continual goal for the staff to be "in the know" about resources for services to assist those who are poverty stricken, homeless, and family members trying to help their loved ones. The executive director has made many valuable contacts making it easier to break barriers and cut through the red tape for those that need assistance navigating through frustrating levels of systems. The reputation of GNA has proven to be a valuable asset to the PATH team in terms of time invested in establishing such contacts. Activities to maximize the use of PATH funds to

serve adults who are literally homeless include outreach on the street and in desert camps and in-reach at GNA Shelter and the Bisbee Coalition for the Homeless shelter. Evening meals at both shelters offer the opportunity to form alliances and engage individuals experiencing homelessness.

Street Outreach and Case Management

The GNA-PATH team services align with the priority PATH goals of street outreach and case management. As an emergency homeless shelter GNA is in a unique position for housing and case managing. The shelter stands ready to provide a bed. GNA has held beds for this clientele as we know that this is a huge step for them. GNA PATH staff will provide case management services for PATH enrolled clients, including referrals to the RBHA for behavioral health and substance abuse treatment. The PATH team will assist with applying for ID, AHCCCS, Food Stamps, SSI/SSDI, Veteran benefits, peer counseling, assistance with obtaining physical health treatment, and applying for permanent supportive housing. Other services may include: personal care assistance, pre and post job coaching, referrals to job training (workforce development), health promotion/education, substance use prevention and supports with living skills development. Members of the PATH team assist the client with making the appointments and physically getting most clients to needed appointments. The PATH team helps the clients navigate through systems to help overcome barriers that they encounter. Ultimately, the PATH team helps clients reengage into the systems which they feel have shunned them. Strategies for outreach: The GNA PATH team members conduct outreach throughout Cochise County which includes Benson, Bisbee, Douglas, Sierra Vista, and Willcox. The team also works with the guests of Good Neighbor Alliance *Samaritan Station* Shelter and Bisbee Coalition for the Homeless which house males and females, and families experiencing homelessness. Programs such as GNA's Day Shower Program, Comfort Zone consumer-run clubhouse, and Open Inn-Cochise County Children's Center will also be used for identifying adults and families experiencing homelessness or at risk of becoming homeless.

The Team has adopted a "meet me where I am" strategy. The team will provide food, hygiene and health items, referrals and advocacy and will continue contact with PATH eligible individuals during the outreach process of engagement to establish a therapeutic alliance. Case management can be done "on the spot" in camps, at the GNA Shower Program, or at the GNA PATH office. The team is ready with a cell phone and a list of resources during all encounters.

Potential consumers and those already PATH enrolled are not treated as a number or part of the cattle call approach often experienced by people seeking services. This approach often alienates many of those experiencing homelessness. GNA has been instrumental in getting chronically homeless individuals to agree to accept mental healthcare. Discussions are currently proceeding with a behavioral health provider concerning the difficulty for individuals experiencing homelessness who are mentally ill to be put into a group setting and be required to participate. Persons experiencing homelessness often feel betrayed by those employed by service providers. The GNA approach is; if a promise is made to the consumer, the promise must be kept. GNA PATH is about connecting, gaining trust and treating people with respect at all times.

Gaps in the Current Service System

The largest and most devastating gap is the loss of ACCCHS insurance for single adults experiencing homelessness who are vulnerable. This includes those experiencing mental health illnesses, substance use disorder and those in poor physical health. Mental health service providers are charging co pays and those who are insured have to pay co pays as well. A gap or issue that we encounter frequently is the lack of availability of physicians servicing Cochise County. Patients must travel to Tucson for services. This creates a greater burden on travel expenses, coordinating travel with AHCCCS transportation and on the GNA-PATH travel budget. Round trip to Tucson from Sierra Vista is approximately 150 miles. Another issue is that there has been a new RHBA in Cochise County that has created confusion with community agencies. They are unfamiliar with the new providers and don't know where to refer PATH enrolled clients for services. Also, this may contribute to longer waiting time for appointments, etc.

Services available for clients who have both a serious mental illness and substance use disorder.

Services available for PATH enrollees who have both mental illness and co-occurring substance use disorder include outreach, case management, peer support, substance abuse counseling and relapse prevention groups, Alcoholics Anonymous, Narcotics Anonymous, and SMART Recovery.

GNA-PATH provides referrals for women with substance use disorder to Women's Transition Project (WTP) while men are referred to the Verhelst House. GNA-PATH is kept aware of their progress to help in their transition upon graduation from these programs. On several occasions, GNA has referred veterans to the Tucson Homeless Veteran program and the local HUD-VASH program for housing and services. Young Adults are referred to the Open Inn Housing Voucher Program. Women experiencing domestic violence are referred to the Forgach House, the DV shelter in Sierra Vista and the House of Hope in Douglas.

Describe how the local provider agency pays for/provides or otherwise supports evidenced-based practices, training for local PATH-funded staff, trainings and activities to support migration of PATH data into HMIS?

CPSA provides paid training on evidence based practice training, motivational interviewing and cultural competence. GNA-PATH is at a disadvantage in the rural community and must travel 150 miles round trip to attend training. The SAMHSA-PATH website does provide for additional training opportunities. GNA-PATH has been part of the HMIS system since the beginning of our initial PATH contract in December 2010. Arizona Department of Housing provides and pays for HMIS training for AZ Balance of State Continuum of Care service providers.

Data

Good Neighbor Alliance has been utilizing HMIS for PATH services since we contracted with CPSA in December 2010. Also, as part of the Arizona Balance of State Continuum of Care, GNA must input shelter and HPRP data into the HMIS system. GNA received an “A” on for data quality report card during the last our last quarterly report period. The report card has been recently implemented by Symmetric Solutions and Arizona Department of Housing (ADOH) to increase the value of the data being captured and ultimately input into this system. The goal is to prepare better and more accurate reports to HUD, etc. GNA has been a part of the HMIS system since 2006. GNA complies with data collection, contractual obligations for all employees working with the HMIS system as well as attending training opportunities. ADOH pays for HMIS training, licenses, and all costs related to HMIS for all organizations inputting data into the Arizona Balance of State HMIS Continuum of Care system.

Access to Housing

Strategies for permanent housing available to PATH enrolled clients include referrals to assisting clients to apply for state and federal subsidized housing programs such as Section 8, Shelter Plus Care (SPC), and Supportive Housing Programs (SHP). Emergency shelter referrals are made to Good Neighbor Alliance shelter, Bisbee Coalition for the Homeless shelter and Catholic Community Services domestic violence shelters. GNA PATH works directly with the local VA Homeless Case Manager for referral to the VASH voucher program. Cochise County was awarded 25 VASH vouchers initially in 2010. The Housing Authority of Cochise County Board (HACC) recently voted to designate the chronically homeless as a priority population for Housing Choice Vouchers Program (Section 8). Referrals are made to the GNA HPRP program to provide temporary housing while working on individuals’ stability and while they are on the waitlist for other programs. This helps to minimize one’s time on the streets or in a shelter.

Staff Information

The GNA PATH team will be trained, at least annually, on cultural competency and shall treat all PATH contacts and enrolled members with unconditional dignity and respect regardless of age, sex, race, national origin or any other factor. The philosophy of the staff of GNA has always been to treat all those we serve with respect as most will respond in kind. GNA is sensitive to age (we have served adults from the age of 18 through 89), as well as gender and culture. GNA has translators available to assist as needed.

Client Information

The demographics of assumed PATH Cochise County clients, based on the population of county and current guests who are involved with GNA are as follows: 77% male, 23% female, 59 % White, 11% Black/African American and 25% Hispanic. The demographics of GNA staff (including the GNA PATH) are 27% male, 72% female, 18% White, 9% Hispanic. 90% of adult clients served with PATH funds are projected to be literally homeless. GNA PATH Outreach team plans to contact and engage 37 individuals using PATH funds and enroll at least 19 adult clients.

Consumer Involvement

GNA PATH subscribes to providing professional services that are culturally and ethnically competent, gender specific, age appropriate, consumer friendly and family driven. GNA PATH team will always involve clients and family members in the planning, implementation and evaluation of PATH services. Family members are also referred to the local National Alliance for Mental Illness (NAMI) for information, education and support groups in helping their loved ones cope with mental illness. Two GNA employees have family members who suffer from mental illness and one employee has a family member with a substance use disorder. GNA has one employee who at one time was a shelter guest. The GNA Board of Directors has one board member who has experienced homelessness.

(Pima County)**Community Partnership of Southern Arizona (CPSA)
La Frontera Center/RAPP Project Connect****Local Provider Description**

The Community Partnership of Southern Arizona (CPSA), a private non-profit, is the Regional Behavioral Health Authority (RBHA) for Pima County designated by the state of Arizona to coordinate and manage publicly-funded behavioral health services for children, adults and their families since 1995. CPSA will receive PATH funds from the state and contract with La Frontera Center (La Frontera). La Frontera RAPP Project Connect team that will provide PATH services in the Tucson metropolitan area, as well as smaller suburban and rural communities in Pima County. La Frontera is a private, nonprofit community provider of adult and children's behavioral health services, prevention, employment, crisis intervention, housing and community and cultural education since 1968. La Frontera is committed to providing services that respect the consumer's cultural background, including his or her race and ethnicity, family composition, religious beliefs, age, and sexual orientation. American Sign Language and oral interpreter services are available upon request and at no charge to the client. Vital documents are available in Spanish; additional documents will be translated upon request. Documents can also be translated into Braille as needed. As part of its ongoing effort to provide culturally competent services, La Frontera has developed three assessment tools to assist in evaluating and improving service provision. These are: "Building Bridges: Tools for Developing an Organization's Cultural Competence"; "Growing Healthy Families: Tools for Developing an Organization's Family Strengths-Based Services"; and, "Teach Women to Fish: Tools for Developing an Organization's Services to Women". La Frontera believes that support in the form of "family" (as defined by the consumer) is extremely beneficial to the recovery from and prevention of mental health and substance abuse. The consumer's natural support system will be encouraged to participate in services if the individual so chooses. All services and written information at La Frontera are confidential as mandated by federal and state laws, rules and regulations. Consumers served will be individuals experiencing "literal" homelessness, who are 18 years of age or older, and appear to have symptoms of serious mental illness

CPSA will receive and pass through to La Frontera \$350,200 in Federal funds and \$120,344 in State funds, for a total of \$470,544. The RAPP Team was recently awarded \$42,876 from City of Tucson ESG funds to provide outreach to the City of Tucson.

The PATH/RAPP team will focus on individuals who are "literally" homeless as the priority population. Utilization of activities to maximize the use of PATH funds to serve adults who are "literally" homeless will include conducting daily, assertive, homeless camp and street outreach, also seeking out individuals at feeding and service sites, and inviting individuals encountered to utilize the RAPP drop-in center. The PATH/RAPP team will continue to participate in Pima/Tucson Project Homeless Connect, the local Common Ground 100,000K homes effort called 51homes in Pima County and VA Veterans Stand Down events in an attempt to meet and engage individuals experiencing "literal" homelessness. All individuals encountered will be screened for PATH services and individuals who are "imminently" homeless will be referred to

prevention programs that can provide rental and/or utility assistance to prevent “literal” homelessness.

The PATH/RAPP team will focus the majority of the staff’s time, energy, and resources on the street outreach and case management activities as priority services. During street outreach activities the team will use a “meet me where I am” low demand, strengths-based approach with the goal of forming alliances with individuals experiencing homelessness. Once alliances are formed, the PATH team will work with individuals to meet self-identified goals. The RAPP outreach team is often contacted by members of Tucson Police Department, downtown business people, churches, concerned citizens, neighborhood associations, and family members to respond and assess an individual on the street experiencing homelessness. The RAPP Clinical Supervisor, who is also a Registered Nurse, will conduct outreach, one morning per week, to provide outreach to homeless camps. The RN will assess individuals in the homeless camps for mental health/physical health concerns, and provide referrals and/or other intervention as needed. Individuals who camp in remote desert areas often have numerous healthcare needs that go unmet, and are often unable or unwilling to access traditional healthcare facilities. Being able to provide nursing support, such as advice, a band-aid, sunscreen, or a bottle of water to these individuals “in the field” is also another engagement strategy for building trust and rapport. A homeless individual who is unwilling to interact with a Case Manager or other outreach worker may be willing to interact with a nurse, especially if they are experiencing health concerns that are not being addressed. The RN can also provide education about dehydration, heat stroke, feet problems and other issues faced by individuals experiencing homelessness. RAPP is the only outreach team currently providing this service in the Tucson area. The outreach team will provide individuals with basic supplies including blankets, hygiene kits, hats, gloves, clothing, sunscreen, water, bus passes, and referrals to needed services. Historically, it is from this point of contact in the individual’s environment that new participants have entered the RAPP program. The RAPP team will conduct weekly outreach clinics at Primavera’s Homeless Intervention and Prevention Program drop-in center and Casa Paloma Women’s drop-in center as well as the Casa Maria Soup Kitchen. In-reach will continue to be conducted in the RAPP drop-in center where all new guests are screened and assessed on a daily basis. The RAPP team will provide case management services to all PATH consumers based on the recovery model, which focuses on the strengths of the individual, are “person centered” and culturally competent. PATH consumers enrolled with Community Partnership of Southern Arizona (CPSA) will receive a comprehensive assessment, with emphasis on the unique qualities and culture of the individual, and a client-driven service plan and crisis plan will be developed utilizing the entire RAPP team, consumer, family members, probation officer or any other persons the consumer wants to have involved in their Adult Recovery Team. RAPP clients enrolled with CPSA will meet with the RAPP Psychiatrist, for initial psychiatric evaluation and diagnosis, and monthly thereafter. The Psychiatrist will prescribe and monitor the effectiveness of medication and may order lab tests as indicated. Staff will strive to build a therapeutic alliance with the consumers to assist them to meet the self-identified goals of their service plan. Case management services include, but are not limited to, assistance with obtaining identification documents; applying for mainstream benefits such as food stamps, AHCCCS, SSI/SSDI (case managers assist with the paperwork and accompany consumers to appointments); assistance with obtaining education and/or employment; coordination of health care, such as referral to El Rio Healthcare for the Homeless program, or obtaining a Primary Care Physician once healthcare benefits are in place; placement

in a shelter or the Sonora House Safe Haven, assistance with locating and obtaining permanent housing; accessing individual and group counseling and substance abuse treatment; and linking the individual with other local social service agencies and mainstream benefits to meet the individual's specific needs. Emphasis is placed on opportunities for socialization and establishment of community and natural support systems. CPSA enrolled consumers are referred to programs at the consumer-run clubhouses, Hope, Inc., and Our Place Clubhouse. RAPP team staff will continue to work with CPSA Housing and La Frontera's Housing to provide permanent, housing opportunities for PATH consumers through the HUD Shelter Plus Care grants. These housing opportunities are based on a "harm reduction/housing first" model and are available for individuals who are not ready for complete abstinence from alcohol and/or other substances. RAPP consumers who become enrolled as members of CPSA receive intensive case management for 6-9 months and are then transitioned into mainstream mental health services and followed under RAPP's Critical Time Intervention program. RAPP's Critical Time Intervention program has been in effect since 1999 and was designed to keep consumers from "falling through the cracks" during the transition period from intensive case management to community-based services. The principal goal of CTI is to prevent recurrent homelessness and other adverse outcomes during the period following transition from homelessness into the community. It does this in two main ways: by providing emotional and practical support during the critical time of transition; and, by strengthening the individual's long-term ties to community and natural supports.

Collaboration with HUD Continuum of Care Program

RAPP Project CONNECT is an active, voting member of the Tucson Pima Collaboration to End Homelessness (TPCH), the local Continuum of Care. RAPP team staff members sit on the Emergency Services Committee and attend monthly general council meetings. RAPP team staff members volunteer their time to provide case management assistance to homeless individuals during Operation Deep Freeze and the Summer Sun Program. RAPP is a Summer Sun drop-in site. RAPP staff will assist TPCH with the annual homeless street count and continue to work with 51homes campaign. RAPP team staff members will continue to provide education and support to a variety of local agencies including conducting crisis intervention training at the Tucson Police Academy, discharge planning with the Arizona Department of Corrections, and education and support to the downtown division of the Tucson Police Department. RAPP team staff members will provide education to Tucson community organizations on the issues of homelessness, mental illness, and co-occurring disorders, with the goal of stigma reduction and increasing community awareness. RAPP team staff members will participate in local events, including Veteran's Stand-Down, and Project Homeless Connect events.

Collaboration with Local Community Organizations

Community organizations that provide key services to PATH eligible clients include all the members of the TPCH CoC. There is a special relationship between RAPP and the Sonora House Safe Haven as they are both projects of La Frontera. All residents and day program participants of the Safe Haven are screened and selected by the RAPP team. Staff members from both programs interact on a daily basis to provide coordination of services for the mutual participants. All PATH consumers are assisted to apply for benefits from DES including

AHCCCS and food stamps and are assisted with this process. Other organizations that provide key services to PATH clients are Compass Behavioral Health, Casa Maria soup kitchen, the Community Food Bank, Grace St. Paul's Church and other faith-based organizations, the Social Security Administration, Pima County Sullivan Jackson Employment Center, Dorothy Krett and Associates employment, and El Rio Healthcare for the Homeless. The RAPP program is now co-located with the El Rio Healthcare for the Homeless clinic allowing the two teams to collaborate to provide seamless coordination of care for PATH consumers.

Service Provision

The PATH/RAPP team will focus the majority of the staff's time, energy, and resources on the street outreach and case management activities as priority services. During street outreach activities the team will use a "meet me where I am" low demand, strengths-based approach with the goal of forming alliances with individuals experiencing homelessness. Once alliances are formed, the PATH team will work with individuals to meet self-identified goals. The RAPP outreach team is often contacted by members of Tucson Police Department, downtown business people, churches, concerned citizens, neighborhood associations, and family members to respond and assess an individual on the street experiencing homelessness. The RAPP Clinical Supervisor, who is also a Registered Nurse, will conduct outreach, one morning per week, to provide outreach to homeless camps. The RN will assess individuals in the homeless camps for mental health/physical health concerns, and provide referrals and/or other intervention as needed. Individuals who camp in remote desert areas often have numerous healthcare needs that go unmet, and are often unable or unwilling to access traditional healthcare facilities. Being able to provide nursing support, such as advice, a band-aid, sunscreen, or a bottle of water to these individuals "in the field" is also another engagement strategy for building trust and rapport. A homeless individual who is unwilling to interact with a Case Manager or other outreach worker may be willing to interact with a nurse, especially if they are experiencing health concerns that are not being addressed. The RN can also provide education about dehydration, heat stroke, feet problems and other issues faced by individuals experiencing homelessness. RAPP is the only outreach team currently providing this service in the Tucson area. The outreach team will provide individuals with basic supplies including blankets, hygiene kits, hats, gloves, clothing, sunscreen, water, bus passes, and referrals to needed services. Historically, it is from this point of contact in the individual's environment that new participants have entered the RAPP program. The RAPP team will conduct weekly outreach clinics at Primavera's Homeless Intervention and Prevention Program drop-in center and Casa Paloma Women's drop-in center as well as the Casa Maria Soup Kitchen. In-reach will continue to be conducted in the RAPP drop-in center where all new guests are screened and assessed on a daily basis. The RAPP team will provide case management services to all PATH consumers based on the recovery model, which focuses on the strengths of the individual, are "person centered" and culturally competent. PATH consumers enrolled with Community Partnership of Southern Arizona (CPSA) will receive a comprehensive assessment, with emphasis on the unique qualities and culture of the individual, and a client-driven service plan and crisis plan will be developed utilizing the entire RAPP team, consumer, family members, probation officer or any other persons the consumer wants to have involved in their Adult Recovery Team. RAPP clients enrolled with CPSA will meet with the RAPP Psychiatrist, Dr. Patty Kane, for initial psychiatric evaluation and diagnosis, and monthly thereafter.

Gaps in the current system include the need for another safe haven for the dually diagnosed consumers who use substances, and the lack of housing for convicted felons and convicted sex-offenders. CPSA and La Frontera are part of the core group working to address this through the 51homes project. More bus passes are needed to help with transportation to services and appointments. Dental care for this population remains extremely limited. . Recent changes in document requirements to apply for mainstream benefits has resulted in many individuals having to wait weeks or even months for these entitlements the Recent cuts to the Arizona Medicaid Program (AHCCCS) have been catastrophic for PATH consumers. Approximately 135,000 Arizonans living in poverty have already lost coverage and it is estimated that the program cuts could ultimately affect 250,000 childless adults living below the federal poverty level. Individuals who were previously enrolled in AHCCCS and failed to re-enroll have also been dropped from the program. The RAPP Team has been utilizing a variety of strategies to assist these individuals including providing mental health and substance abuse counseling, and case management to PATH enrolled individuals who do not qualify for mainstream services, assisting individuals to enroll with El Rio's Healthcare for the Homeless Program, encouraging and assisting individuals to acquire health services through Carondelet's Van of Hope, referring individuals to SAMHC for SMI evaluation so that they will qualify for limited mental health services in the system for persons with a serious mental illness, and referring individuals requiring crisis mental health services to the Crisis Response Center.

Services available for consumers who have both a serious mental illness and a co-occurring substance use disorder include case management services, as well as an Acu-detox clinic 3 days per week, 1:1 counseling, group counseling, health and safety presentations, and referrals to AA, NA, SMART, and relapse prevention services. Services are recovery focused and based on a harm-reduction model.

La Frontera provides and pays for staff training and supports evidence-based practices including, but not limited to Motivational Interviewing, Critical Time Intervention, DBT, Seeking Safety, and Housing First.

Data

The RAPP team has been entering data into the HMIS system since October 1, 2009 and will continue to use the Pima Tucson Collaboration to End Homelessness (TPCH), the local Continuum of Care (CoC) HMIS system. The Continuum of Care, Tucson/Pima Collaboration to End Homelessness HMIS, grantee provides and pays for HMIS training and HMIS activities for every organization that inputs data into HMIS

Access to Housing

The RAPP Team will utilize a number of strategies for making suitable housing available to PATH clients, including, but not limited to referring clients to Sonora House Safe Haven or RAPP's Kleindale Apartment for transitional housing, assisting PATH clients to apply for subsidized housing programs such as Section 8, City of Tucson, City of South Tucson, Shelter

Plus Care and any other subsidized housing programs that the client would be eligible for. RAPP Team staff will assist the client however necessary, including accompanying the client to appointments and assisting with the paperwork. PATH clients with little or no income will be assisted to pursue employment or obtain entitlements if they are unable to work. In addition to the above-mentioned housing programs, RAPP staff members have established relationships with independent landlords who offer affordable rental rates, minimum deposits, and do not require extensive financial or criminal background checks.

Staff Information

Demographic information from the census indicates that the population of Tucson is 69.7% White, 41.6% Hispanic, 5% Black/African American, 2.7% Native American or Alaska native, 2.9% Asian, 0.2% Native or Pacific Islander, 4.2% Two or more races. The demographics of Pima County PATH consumers in FY2011 were as follows: 72% Male, 28% Female, 58% White, 19% Hispanic, 18% Black/African-American, 0.4% Native American or Alaska Native, and 0.02% Asian. The RAPP team employs individuals from diverse cultural backgrounds in an effort to provide services that are culturally sensitive, appropriate, and competent in approach, content, and delivery. RAPP team staff members are sensitive to the age, gender, sexual orientation and racial/ethnic/cultural differences of our consumers, and utilize the strengths of individual team members to meet the unique needs of our consumers. All RAPP Team staff members are sensitive and familiar with the culture of homelessness and treat all consumers with unconditional acceptance. RAPP Team staff will utilize the following strategies to engage individuals who are experiencing homelessness and are diagnosed SMI:

- Demonstrating cultural awareness and sensitivity
- Treating all individuals with unconditional respect
- Motivational interviewing/active listening
- Immediate assistance with meeting basic needs
- Demonstrating patience and perseverance though frequent face-to-face contact
- Demonstrating an attitude of hope
- Advocating for services/mainstream benefits

RAPP team staff range in age from 38-63 years of age. RAPP's part-time Psychiatrist, has been with the program for over 12 years, and is a past recipient of the Compass Behavioral Health Robert Moore award which recognizes an individual that exemplifies exceptional values, beliefs, dedication and high ethical standards in the field of behavioral health in Tucson, Arizona. She utilizes a strengths/recovery oriented approach to working with individuals experiencing homelessness and serious mental illness. Two staff people are Hispanic/Latino and four are Caucasian. Two staff members are Spanish speaking, and the psychiatrist is fluent in Spanish and French. One staff member was homeless for 6 years, one is in recovery from substance abuse, and one staff member is a consumer of services for persons with a serious mental illness. One staff member serves on La Frontera's LGBTQ committee. The artwork displayed in the offices was chosen to reflect the predominant cultures of the southwest. La Frontera Center, Inc. is a nationally recognized leader in the field of cultural competence for behavioral health organizations, and all RAPP team staff receive at least 24 hours of yearly training on topics

pertinent to their job, including cultural competence. When interacting with consumers whose needs exceed the cultural competence of RAPP staff, input is sought from professionals and community resources that can provide additional direction.

Client Information

Through the use of FY2013 PATH funds, the PATH/RAPP team has set the goal to provide outreach to 550 adult individuals who are homeless and may have a serious mental illness, with or without a co-occurring substance use disorder. The PATH/RAPP team goal is to enroll an estimated 420 individuals in PATH. It is estimated that 90-100% of PATH consumers will be “literally” homeless.

Consumer Involvement

All RAPP consumers are active participants in their treatment. RAPP Case Managers meet with their CPSA enrolled consumers weekly, and more often as needed. Individuals meet with the Clinical Supervisor/RN weekly for medication monitoring, and more often if medical/medication issues arise. RAPP Team Case Aides assist and transport consumers to appointments. Informal feedback is elicited from participants and family members on a continuous basis, and formal feedback is elicited in the form of annual satisfaction surveys. RAPP team consumers consistently rate RAPP as the highest in consumer satisfaction within La Frontera’s outpatient programs. RAPP Project CONNECT will continue to involve consumers in educating the community about issues of homelessness, mental illness, and substance abuse, and will continue to employ consumers of behavioral health services. Although many of our consumers have lost contact with family, RAPP staff attempt to involve family members whenever possible in the individual’s treatment, and assist consumers to re-establish contact with family. La Frontera has been employing consumers of behavioral health services as Recovery Support Specialists in a variety of settings for the past three years. Three former PATH consumers have been hired as Recovery Support Specialists, two of whom work at La Frontera Center. One of the RAPP Team Case Aides is a consumer of services for persons with a serious mental illness.

The RAPP Team will make every effort to reduce barriers to accessing effective services that sustain recovery for individuals with mental and substance use disorders who are homeless. The first strategy employed will be to treat each individual encountered with dignity, respect, and unconditional acceptance in an attempt to form an alliance with the individual. Individuals will be assisted to meet their basic needs such as food, shelter, clothing and I.D. The RAPP Team will assess each individual and work with the individual to develop a recovery plan, utilizing the unique strengths of the individual. The RAPP Team will assist individuals to sustain recovery by encouraging them to become active in community supports such as Hope, Inc., Camp Wellness, and Art Awakenings, and by providing Critical Time Intervention Services to former PATH clients. RAPP has recently started hosting Vets4Vets meetings monthly at the Homeless Drop-In Center, and plan to continue hosting these monthly events to provide peer support services to individuals who have served in the military.